

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED
APR 11 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)	
Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 13-0386-DIS
EUGENE PHILLIPS, a licensed bail bondsman in)	
the State of Oklahoma,)	
Respondent.)	

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Eugene Phillips (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40036559.

FINDINGS OF FACT

1. On February 2, 2013, Respondent submitted to the Oklahoma Insurance Department (“Department”) his January 2013 Safety National Casualty Corporation report.

2. With the report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$21.00. The Oklahoma State Treasurer charged the EFT back to the Department as “Not Sufficient Funds.”

3. On March 6, 2013, Department staff sent Respondent a letter by email and certified mail with return receipt requested requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter.

4. On April 3, 2013, Respondent replaced the EFT and paid the service fee owed with money order number 7005287310 in the amount of \$46.00.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

ORDER

IT IS THEREFORE ORDERED that Eugene Phillips is CENSURED.


Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 11th day of April, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed certified, return receipt requested on this 11th day of April, 2013, to:

Eugene Phillips
P.O. Box 21801
Oklahoma City, OK 73156-1801


William G. "Buddy" Combs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0003 9967 4508

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Eugene Phillips
 P.O. Box 21801
 Oklahoma City, OK 73156-1801
 rlg/13-0386-DIS/Cond.Adm.Ord.

Postmark Here APR 17 2013

PS Form 3800, January 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Eugene Phillips</p> <p>C. Date of Delivery 4-17-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Eugene Phillips P.O. Box 21801 Oklahoma City, OK 73156-1801 rlg/13-0386-DIS/Cond.Adm.Ord.</p>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT APR 19 2013</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0003 9967 4508</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540