



3. On May 29, 2013, as a courtesy, Department staff sent Respondent an E-mail regarding her failure to file the report. Also on May 29, 2013, Department staff contacted Respondent by telephone. On May 31, 2013, Respondent requested a copy of her active bonds list, and received it via E-mail.

4. As of the date of this Order, Respondent has not filed the report.

#### CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

#### ORDER

**IT IS THEREFORE ORDERED that Holli Chilton is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

**IT IS FURTHER ORDERED that Holli Chilton shall file her April 2013 SIC report and pay all associated fees within 30 days of receipt of this Order. If she does not, her license shall be SUSPENDED on the 31<sup>st</sup> day following receipt, and the suspension shall remain in**

**effect until the report and fees are submitted to the Department.**

Respondent is notified that she 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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent's actions alleged herein and any defenses thereto.**

**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order.**

WITNESS My Hand and Official Seal this 12<sup>th</sup> day of June, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**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 15<sup>th</sup> day of June, 2013, to:

Holli Chilton  
224 S MAPLE ST  
CRESCENT, OK 73028-9132

  
\_\_\_\_\_  
Buddy Combs



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

7001 0320 0003 9966 7791

OFFICIAL U.S. MAIL



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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**Total Postage**

Sent To \_\_\_\_\_  
 Street, Apt. No.,  
 or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

Holli Chilton  
 224 S. Maple St.  
 Crescent, Ok 73028-9132  
**sms/13-0547-DIS/Cond. Ord.**

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Holli Chilton  
 224 S. Maple St.  
 Crescent, Ok 73028-9132  
**sms/13-0547-DIS/Cond. Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) **Holli Chilton**  
 C. Date of Delivery **6/17/13**  
 D. Is delivery address different from Item 1?  Yes  
 If YES, enter delivery address below:  No

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

JUN 19 2013

Legal Division

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7001 0320 0003 9966 7791

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540