



4. On May 24, 2013, Department staff sent Respondent a letter, via certified mail, informing Respondent of the charge back and requesting that the funds be replaced, along with a \$25.00 service fee, within five days of receipt of the letter.

5. On May 30, 2013, the return receipt for the certified mailing was signed.

6. On June 13, 2013, Respondent contacted the Department by telephone and asked that the letter be faxed to her. Two letters were faxed to her on that day.

7. On June 18, 2013, Respondent replaced the funds with money order number 14-679941933 in the amount of \$140.00.

#### **Insufficient Electronic Funds Transfer #2**

8. On April 26, 2013, Respondent submitted to the Department her Amended March 2013 USFIC surety report.

9. Respondent submitted with the report an EFT of Fifteen Dollars (\$15.00).

10. On May 7, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as "R01 – Not Sufficient Funds."

11. On May 24, 2013, Department staff sent Respondent a letter, via certified mail, informing Respondent of the charge back and requesting that the funds be replaced, along with a \$25.00 service fee, within five days of receipt of the letter.

12. On May 30, 2013, the return receipt for the certified mailing was signed.

13. On June 13, 2013, Respondent contacted the Department by telephone and asked that the letter be faxed to her. Two letters were faxed to her on that day.

14. On June 18, 2013, Respondent replaced the funds with money order number 14-679941934 in the amount of \$40.00.

**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 Connie Manuel is CENSURED.**

Respondent is further 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> 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 31<sup>st</sup> day.

WITNESS My Hand and Official Seal this 3<sup>rd</sup> day of July, 2013.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



*Buddy Combs*  
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, with return receipt requested, on this 30<sup>th</sup> day of July, 2013, to:

Connie Manuel  
1209 S MAIN ST  
STILLWATER, OK 74074-5846

  
Buddy Combs

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

7001 0320 0004 4250 0112

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		
Sent To Connie Manuel 1209 S. Main St. Stillwater, Ok 74074-5846 sms/13-0592-DIS/Cond Ord		
Street, Apt. N or PO Box No City, State, Zi		

PS Form 3800, January 2007 Use 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:

Connie Manuel  
 1209 S. Main St.  
 Stillwater, Ok 74074-5846  
 sms/13-0592-DIS/Cond Ord

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Connie Manuel*  Agent  Addressee

B. Received by (Printed Name)  
*Connie Manuel* C. Date of Delivery

Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

JUL 09 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 0004 4250 0112