

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

FILED
JUL 29 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
JAMES MANUEL, a licensed bail bondsman in)
the State of Oklahoma,)
)
Respondent.)

Case No. 13-0648-DIS

**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. Respondent James Manuel ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 200341.

FINDINGS OF FACT

1. Respondent submitted his January United States Fire Insurance Company ("USFIC") report to the Oklahoma Insurance Department on February 19, 2013. The report was due February 15, 2013.
2. Respondent submitted his March 2013 USFIC report on April 25, 2013. The report

was due April 15, 2013.

3. Respondent submitted his May 2013 USFIC and Roche Surety & Casualty Company reports on July 5, 2013. The reports were due June 17, 2013.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by 59 O.S. § 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

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 James Manuel is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

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 St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order. The fine ordered

herein shall be due within 30 days after the date this Order becomes a FINAL ORDER.

WITNESS My Hand and Official Seal this 29th day of July, 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 56th 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 29th day of July, 2013, to:

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

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

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

7001 0320 0004 4249 8372

OFFICIAL RECEIPT	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0648-DIS/Cond Ord	
PS Form 3800, January 2007 See back for Instructions	



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. 	A. Signature X <i>James Manuel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>James Manuel</i> C. Date of Delivery <i>7/31/13</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0648-DIS/Cond Ord </div>	D. Is return address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No AUG 06 2013 OKLAHOMA INSURANCE DEPARTMENT Legal Division
2. Article Number (Transfer from service label)	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 0320 0004 4249 8372	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	