



separate occasions.

### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 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 Tandy O’Leary is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

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> 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 31<sup>st</sup> day following the receipt of the Order, and the fine**

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

WITNESS My Hand and Official Seal this 15<sup>th</sup> day of July, 2013.




JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
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 July, 2013, to:

Tandy O'Leary  
8009 Jackson Ln  
Grove, OK 74344-4314

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



**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



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AUG 13 2013

Legal Division

*Att/Ln*



*RT9/05  
 7-17-13*

Tandy O'Leary  
 8009 Jackson Ln  
 Grove, Ok 74344-4314

*7-17  
 7-27  
 8-01*

*unc*

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OKLAHOMA INSURANCE DEPARTMENT

AUG 13 2013

Legal Division

**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:

Tandy O'Leary  
8009 Jackson Ln  
Grove, Ok 74344-4314  
sms/13-0649-DIS/Cond Ord

2. Article Number  
*(Transfer from service label)*

7001 0320 0004 4249 8488

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

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

4. Restricted Delivery? (*Extra Fee*)  Yes