



liability under SNCC was \$74,000.00.

3. Respondent failed to submit to the Insurance Department her LNIC and SNCC reports for the month of May 2013.

4. On May 20, 2013, Department staff contacted Respondent by telephone. During that conversation, Respondent requested instructions on how to surrender her license. On May 21, 2013, Department staff sent the instructions to Respondent via E-mail. On May 22, 2013, Respondent surrendered her bail bondsman license.

5. On June 20, 2013, as a courtesy, Department staff sent an email to Respondent notifying her of the failure to file the reports.

6. As of the date of this Order, Respondent has not filed the reports.

#### **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 Alicia Knox is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

**IT IS FURTHER ORDERED** that Alicia Knox shall not be allowed to submit an application for a bail bondsman license in the state of Oklahoma until she files all reports for the above-referenced companies for all months in which she has remaining liability.

**IT IS FURTHER ORDERED** that Alicia Knox shall not be allowed to submit an application for a bail bondsman license in the state of Oklahoma until she pays all fines issued against her.

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 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:

Alicia Knox  
217 N HARVEY AVE STE 404  
OKLAHOMA CITY, OK 73102-3802

  
Buddy Combs

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

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OFFICIAL USE

Postage	\$
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**Total Post**

Sent To: **Alicia Knox**  
 217 N. Harvey Ave, Suite 404  
 OKC, OK 73102-3802  
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PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>Alisa Knapp</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Alisa Knapp</i></p> <p>C. Date of Delivery  <i>7/16/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, print delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Alicia Knox —                          217 N. Harvey Ave, Suite 404                          OKC, OK 73102-3802                          sms/13-0653-DIS/Cond Ord</p> </div>	<p>OKLAHOMA INSURANCE DEPARTMENT                      JUL 18 2013                      Legal Division</p>
<p>2. Article Number                      (Transfer from service label)</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>7001 0320 0004 4249 8464</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	