

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

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

Case No. 13-0693-DIS

FILED
JUL 23 2013
INSURANCE COMMISSIONER
OKLAHOMA

**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. Wanda Fredalene Holder ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 109067.

FINDINGS OF FACT

1. On June 17, 2013, Respondent submitted to the Oklahoma Insurance Department ("the Department") her May 2013 monthly report.
2. With the report, Respondent submitted an Electronic Funds Transfer ("EFT") of Three Dollars (\$3.00). The Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."
3. On June 28, 2013, Department staff sent Respondent a letter by email requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter.

4. On July 5, 2013, Respondent replaced the EFT and paid the service fee owed with money order number 59359 in the amount of \$28.00.

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 Wanda Fredalene Holder 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 56th 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 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 23rd day of July, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 23rd day of July, 2013, to:

Wanda Fredalene Holder
PO BOX 71
DURANT, OK 74702-0071


Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 8433

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To: **Wanda Fredalene Holder**
P.O. Box 71
Durant, OK 74702-0071
sms/13-0693-DIS/Cond. Ord.

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, January 2001 See Reverse 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. 	<p>A. Signature <u><i>[Signature]</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 01 2013 Legal Division</p> <p>is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Wanda Fredalene Holder P.O. Box 71 Durant, OK 74702-0071 sms/13-0693-DIS/Cond. Ord.</p> </div>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label) 7001 0320 0004 4249 8433</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	