

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

FILED

AUG 16 2013

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 13-0736-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 Connie Manuel (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199425.

FINDINGS OF FACT

- 1. Respondent submitted her January 2013 United States Fire Insurance Company (“USFIC”) report to the Oklahoma Insurance Department (“Department”) on February 19, 2013. The report was due on February 15, 2013.
- 2. Respondent submitted her March 2013 USFIC report to the Department on April 25, 2013. The report was due on April 15, 2013.
- 3. Respondent submitted her June 2013 USFIC report to the Department on July 16,

2013. The report was due on July 15, 2013.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) and § 1314 for filing late monthly reports.

ORDER

IT IS THEREFORE ORDERED that Connie Manuel is FINED Two Hundred Fifty Dollars (\$250.00).

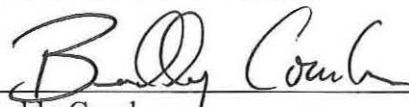
Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 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, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 10th day of August, 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 16th day of August, 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 4249 9867

OFFICIAL USE



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To _____
 Street, Apt. No. or PO Box No. _____
 City, State, Zip _____

Connie Manuel
1209 S. Main St.
Stillwater, OK 74074-5846
sm/13-0736-DIS/Cond Ord

PS Form 3800, January 2001

See Reverse 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:

OKLAHOMA
Connie Manuel
1209 S. Main St.
Stillwater, OK 74074-5846
sm/13-0736-DIS/Cond Ord

2. Article Number
 (Transfer from service label)

7001 0320 0004 4249 9867

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Connie Manuel* Agent Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery _____

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

7001 PARTMENT

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

ru2985-02-M-1540