

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

SEP 12 2013

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)

INSURANCE COMMISSIONER
OKLAHOMA

vs.)

Case No. 13-0883-DIS

WHITNEY WOOTEN, a licensed bail bondsman)
in the State of Oklahoma,)
Respondent.)

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 Whitney Wooten (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40151519.

FINDINGS OF FACT

1. Respondent submitted her January 2013 International Fidelity Insurance Company (“IFIC”) report to the Oklahoma Insurance Department (“Department”) on February 18, 2013. The report was due on February 15, 2013.

2. Respondent submitted her February 2013 IFIC report to the Department on March 16, 2013. The report was due on March 15, 2013.

3. Respondent submitted her July 2013 IFIC report to the Department on August 16,

2013. The report was due on August 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 Whitney Wooten is FINED Two Hundred Fifty Dollars (\$250.00).

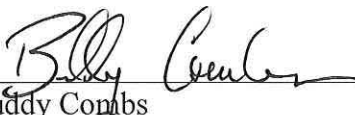
Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to 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 12th day of September, 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 10th day of September, 2013, to:

Whitney Wooten
924 S SANDUSKY AVE
TULSA, OK 74112-4132



Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 9416

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



Total Post Whitney Wooten
 Sent To 924 S. Sandusky Ave.
 Street, Apt. 1 Tulsa, OK 74112-4132
 or PO Box N sms/13-0883-DIS/Cond. Ord.
 City, State, Z

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:

Whitney Wooten
 924 S. Sandusky Ave.
 Tulsa, OK 74112-4132
 sms/13-0883-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Whitney Wooten* Addressee

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

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

SEP 19 2013
 Legal Division

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0004 4249 9416