

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

FILED

SEP 12 2013

INSURANCE COMMISSIONER
~~OKLAHOMA~~ OKLAHOMA

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

Case No. 13-0894-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 Kimberly Bartlett ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40060669.

FINDINGS OF FACT

1. Respondent submitted her April 2013 Crum & Forster Indemnity Company ("CFIC") report to the Oklahoma Insurance Department ("Department") on May 23, 2013. The report was due on May 15, 2013.

2. Respondent submitted her May 2013 CFIC report to the Department on June 18, 2013. The report was due on June 17, 2013.

3. Respondent submitted her July 2013 CFIC report to the Department on August 19,

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

CONCLUSIONS OF LAW

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

ORDER

IT IS THEREFORE ORDERED that Kimberly Bartlett 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.



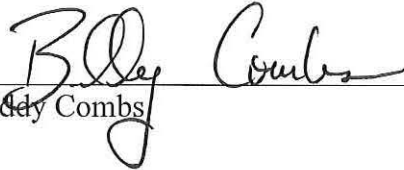
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs
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:

Kimberly Bartlett
PO BOX 30393
MIDWEST CITY, OK 73140-3393

 A handwritten signature in cursive script that reads "Buddy Combs". The signature is written over a horizontal line.

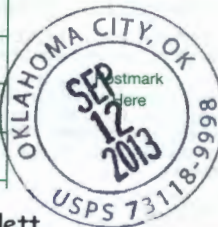
Buddy Combs

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

9423
4249
0004
0320
7001

OFFICIAL USE

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



Total Postage

Kimberly Bartlett

Sent To _____
 Street, Apt. No. or PO Box No. **Midwest City, OK 73140-3393**
 City, State, ZIP **sms/13-0894-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:

Kimberly Bartlett
P.O. Box 30393
Midwest City, OK 73140-3393
sms/13-0894-DIS/Cond. Ord.

RECEIVED
 SEP 20 2013
 OKLAHOMA INSURANCE DEPARTMENT
 Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kimberly Bartlett Agent
 Addressee

B. Received by (Printed Name)

Kim Bartlett

C. Date of Delivery

9-18-13

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

2. Article Number

(Transfer from service label)

7001 0320 0004 4249 9423

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540