

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

FILED

NOV 05 2013

**INSURANCE COMMISSIONER
OKLAHOMA**

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

Case No. 13-0986-DIS

**AMENDED 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 Ashley Jennings (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40055761.

FINDINGS OF FACT

1. On July 3, 2013, Respondent was appointed to write bail bonds by power of attorney on behalf of Roche Surety & Casualty Company (“RSCC”).

2. RSCC cancelled Respondent’s appointment on September 3, 2013.

3. Respondent filed with the Insurance Commissioner her August 2013 RSCC surety report on October 2, 2013. The report was due September 16, 2013.

CONCLUSIONS OF LAW

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

ORDER

IT IS THEREFORE ORDERED that Ashley Jennings is CENSURED.


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 56th 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 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 5th day of November, 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 via certified mail, return receipt requested, on this 5th day of November, 2013, to:

Ashley Jennings
8563 CANDLEWOOD DR APT 601
OKLAHOMA CITY, OK 73132-4474


Buddy Combs

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

7001 0320 0004 4249 3261

OFFICIAL USE

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



Total Postage

Sent To Ashley Jennings
 8563 Candlewood Dr., Apt. 601
 Street, Apt. No. OKC, OK 73132-4474
 or PO Box No. sms/13-0986-DIS/Cond. Ord.
 City, State, ZIP

PS Form 3800, January 2001

See Reverse for Instructions

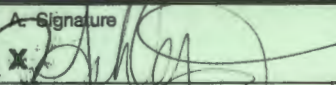
SENDER: COMPLETE THIS SECTION

- 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:

Ashley Jennings
 8563 Candlewood Dr., Apt. 601
 OKC, OK 73132-4474
 sms/13-0986-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Ashley Jennings C. Date of Delivery NOV 5 2013

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



E. 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 3261**

PS Form 3811, February 2004

Domestic Return Receipt

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