

have not remedied these problems.

4. On July 30, 2013, Respondent was notified that future issues regarding Electronic Funds Transfers would result in the suspension of his license. (Exhibit A).

5. As of the date of this Order, Respondent has not replaced the fees he owes for the above-referenced report.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(29) by uttering an insufficient electronic funds transfer to the Commissioner.

2. Pursuant to 59 O.S. § 1310(A), the Insurance Commissioner may suspend the license of any bondsman for the above-referenced violation.

3. Pursuant to 59 O.S. § 1311, the Commissioner may suspend the license of a bail bondsman pending a hearing, if he determines that the conduct of the bondsman “is such that it may be a detriment to the public.”

4. Pursuant to 75 O.S. §§ 314(C)(2) and 314.1, the Insurance Commissioner is authorized to take administrative action against Respondent on a summary and emergency basis pending proceedings for revocation or other action against the license of Respondent if the Insurance Commissioner finds that the actions of the Respondent are such that the public health, safety and welfare imperatively requires emergency action, and incorporates a finding to that effect in his order.

5. The Insurance Commissioner hereby finds that the conduct of the Respondent is such that it may be a detriment to the public.

6. The Insurance Commissioner hereby finds that the condition and actions of the Respondent are such that the public health, safety, and welfare imperatively require emergency action.

ORDER

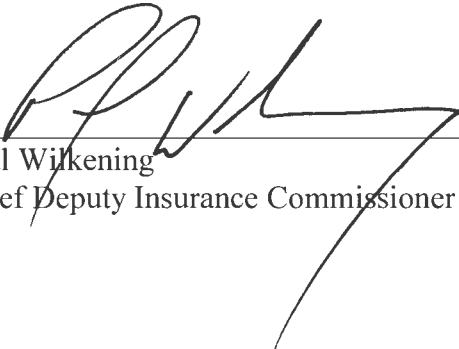
IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent's bail bondsman license is hereby suspended instanter. This suspension shall continue until Respondent replaces the fees owed as set out above (\$3.00), plus a \$25.00 insufficient funds service fee.

IT IS FURTHER ORDERED that Respondent is hereby given notice of opportunity to request a hearing within thirty (30) calendar days of receipt of this order to determine if there are any reasons why Respondent's bondsman license should not be subject to suspension. If Respondent requests a hearing before the Insurance Commissioner or his duly appointed hearing examiner, the proceedings shall be conducted within ten business days after receipt of the request and in accordance with the Oklahoma Bail Bond Act, OKLA. STAT. tit. 59 §§ 1301 et seq., and the Oklahoma Administrative Procedures Act, OKLA. STAT. tit. 75, §§ 250 et seq.

WITNESS My Hand and Official Seal this 27th day of November, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

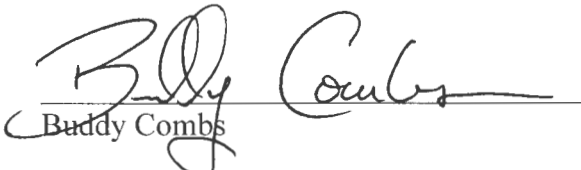


Paul Wilkening
Chief Deputy Insurance Commissioner

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Administrative Order of Suspension Instanter* was mailed postage prepaid with return receipt requested on this 18th day of November, 2013, to:

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846


Buddy Combs

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 2820

OFFICIAL USE

Postage \$	Postmark Here
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+4

James Manuel
 1209 S. Main St.
 Stillwater, OK 74074-5846
 sms/13-1110-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

Oklahoma City, OK 73112-4511

CERTIFIED MAIL



7001 0320 0004 4249 2820

neopostSM FIRST-CLASS MAIL
 11/18/2013
US POSTAGE \$006.77⁰



ZIP 73112
041L12203132

Handwritten in a circle:
 22-11
 1-22

Handwritten notes:
 Closed
 11-20 10:23
 11-21 10:11

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

DEC 31 2013

Legal Division



James Manuel
 1209 S. Main St.
 Stillwater, OK 74074-5846

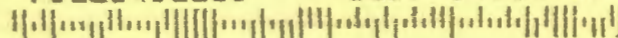
Name _____
 1st Notified 11/22
 2nd Notified 12-9
 Return Date 12-19

NIXIE 731 DE 1700 0012/28/13

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451125 *2857-04291-23-45

73112 04511



7001 0320 0004 4249 2820

OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	
James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-1110-DIS/Cond Ord	
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
PS Form 3800, January 2001 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-1110-DIS/Cond Ord</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0004 4249 2820</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

GOVERNOR
MARY FALLIN



INSURANCE COMMISSIONER
JOHN D. DOAK

OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

Legal Direct Phone Number (405) 521-2746
Legal Direct Fax Number (405) 522-0125

July 30, 2013

VIA CERTIFIED MAIL

James Manuel
1209 S MAIN ST
STILLWATER, OK 74074-5846

Re: Insufficient Funds Electronic Funds Transfers

Dear Mr. Manuel,

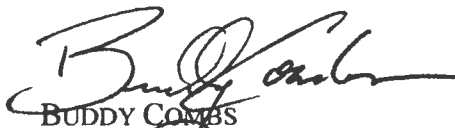
It has come to my attention that, since March 2013, you have submitted seven insufficient funds EFT's to the Insurance Department. Each insufficient EFT is a violation of 59 O.S. § 1310(A)(27). Some of them have already been referred to the Legal Division and you have probably received an Order from me concerning them. The others are still pending in the Bail Bond Division. I will handle the other pending EFT's as I do all others.

Normally, bail bondsmen are given a grace period in which they can replace an insufficient EFT. If it is replaced in the time specified, the result is only a censure. You will no longer receive that grace period. I am instructing the personnel of the Bail Bond Division to refer these EFT's to me as soon as they are submitted by you.

You are hereby notified that from this point forward any insufficient EFT submitted by you to the Department will result in the immediate suspension of your license. That suspension will remain in effect until you replace the insufficient EFT and pay a \$25 fee for each one. Additionally, you will be fined for each insufficient EFT. Fines will start with the minimum of \$250 and increase thereafter with each additional violation.

If you have any questions or concerns, please don't hesitate to contact me at 405-521-2746 or william.combs@oid.ok.gov.

Sincerely,


BUDDY COMBS
ASSISTANT GENERAL COUNSEL

FIVE CORPORATE PLAZA | 3625 NW 56TH ST., STE. 100 | OKLAHOMA CITY, OK 73112-4511
(405) 521-2828 | TOLL FREE (IN STATE) 1-800-522-0071



A copy of this letter was also mailed via certified mail, with return receipt requested, to:

Roche Surety and Casualty Company, Inc.
Bail Bonds Division
1910 ORIENT RD
TAMPA, FL 33619-3354

United States Fire Insurance Company
Bail Bonds Division
305 MADISON AVE
MORRISTOWN, NJ 07962

And a copy was delivered via email to:

Anna Denman
Bail Bonds Division
Oklahoma Insurance Department

Carol Ryan
Bail Bonds Division
Oklahoma Insurance Department

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 9089

OFFICIAL USE

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



Total Postage: James Manuel
 Sent To: 1209 S. Main St.
 Street, Apt or PO Box: Stillwater, OK 74074-5846
 City, State: sms/13-0726-COR/7-30 ltr

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:

James Manuel
 1209 S. Main St.
 Stillwater, OK 74074-5846
 sms/13-0726-COR/7-30 ltr

AUG 06 2013

Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Janie Manuel* Agent Addressee

B. Received by (Printed Name): *Janie Manuel* C. Date of Delivery

D. Is delivery address different from item 1? Yes No

PAUG 01 2013

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 9089

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0004 4249 9065

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



Total Postage Roche Surety & Casualty Company, Inc.

Sent To Bail Bond Division
1910 Orient Rd
Tampa, FL 33619-3354
sms/13-0726-COR/7-30 ltr

Street, Apt. # or PO Box #
City, State, Zi

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>SL Andrews</p> <p>B. Received by SL Andrews Date of Delivery 8/2/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Roche Surety & Casualty Company, Inc. Bail Bond Division 1910 Orient Rd- Tampa, FL 33619-3354 sms/13-0726-COR/7-30 ltr</p> <p>RECEIVED OKLAHOMA CITY, OK JUL 30 2013 LEGAL DEPARTMENT Legal Division</p>	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0004 4249 9065</p>	

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0004 4249 9072

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



Total: United States Fire Insurance Co
 Sent To: Bail Bond Division
 Street, or PO #: 305 Madison Ave.
 City, State: Morristown, NJ 07962
 sms/13-0726-COR/7-30 ltr

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:
 United States Fire Insurance Co
 Bail Bond Division
 305 Madison Ave.
 Morristown, NJ 07962
 sms/13-0726-COR/7-30 ltr

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: AUG 6 2013

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

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 9072