

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

NOV 18 2013

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

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 13-1150-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 Stacy French (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40087375.

**FINDINGS OF FACT**

1. Respondent submitted her September 2013 Allegheny Casualty Company, Crum & Forster Indemnity Company, and Safety National Casualty Corporation reports to the Oklahoma Insurance Department on October 16, 2013. The reports were due on October 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 Stacy French is CENSURED and 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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order. The fine ordered herein shall be due within 30 days after the date this Order becomes a FINAL ORDER.**

WITNESS My Hand and Official Seal this 18<sup>th</sup> day of November, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

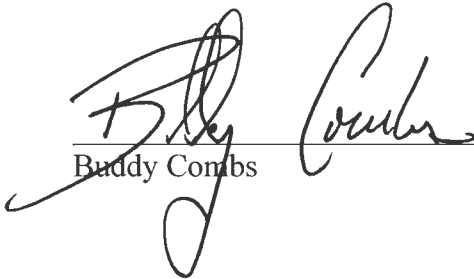
  
Buddy Combs

Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 18<sup>th</sup> day of November, 2013, to:

Stacy French  
1330 N Classen Blvd Ste G20  
OKLAHOMA CITY, OK 73106-6837

  
Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 2851

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	Stacy French
Street, Apt. N or PO Box No	1330 N. Classen Blvd., Suite G20
City, State, Zi	OKC, OK 73106-6837
	sms/13-1150-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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> <p>Stacy French 1330 N. Classen Blvd., Suite G20 OKC, OK 73106-6837 sms/13-1150-DIS/Cond. Ord.</p>	<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>7001 0320 0004 4249 2851</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-41-1540