



3. On November 18, 2013, Oklahoma Insurance Department (“Department”) staff sent an email to Respondent, at his email address of record, informing him of the error on the electronic report and instructing him to submit an amended October 2013 report no later than November 25, 2013. Respondent did not respond to this email.

4. On November 20, 2013, Department staff spoke with Respondent, who informed Department staff that he would have the report corrected.

5. On November 27, 2013, Department staff spoke with Respondent, who informed Department staff that his daughter had been sick but she would send an amended report that day.

6. On December 2, 2013, Department staff called Respondent and the message on Respondent’s phone stated the mailbox was full so the Department staff could not leave a message.

7. On December 3, 2013, Department staff called Respondent and the message on Respondent’s phone stated, “The telephone you are calling cannot receive call.” So, no message was left.

8. As of the date of the Conditional Order, Respondent has not amended his inaccurate October 2013 report.

### **CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1310(A)(25) by filing a materially untrue monthly report. Under 59 O.S. § 1310(B), any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500.

### **ORDER**

**IT IS THEREFORE ORDERED that James Manuel Jr. is fined Two Hundred Fifty Dollars (\$250.00). Respondent is further ordered to submit an amended monthly report to cure**

**all outstanding inaccurate reports. Failure to bring all monthly reports up-to-date shall result in further administrative action.**

Respondent is further notified that he 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 Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112, and **shall provide explanation for 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 31<sup>st</sup> day following the receipt of the Order and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 30th day of January, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

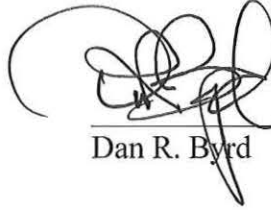
A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

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 20th day of January, 2013, to:

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



---

Dan R. Byrd



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

OFFICIAL USE

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



**Total Postage**

Sent To: **James Manuel, Jr.**  
 1209 S. Main St.  
 Stillwater, OK 74074-5846  
**sms/13-1282-DIS/Cond Ord**

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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 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, Jr.**  
 1209 S. Main St.  
 Stillwater, OK 74074-5846  
**sms/13-1282-DIS/Cond Ord**

OKLAHOMA

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent

B. Received by (Printed Name)  Addressee

C. Date of Delivery

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 1908**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

MAR 11 2014

9061 6424 4000 0230 1002

CERTIFIED MAIL

JOHN D. DOAK

Insurance Commissioner  
Oklahoma Insurance Department  
5 Corporate Plaza  
3625 N.W. 56th St., Ste. #100  
Oklahoma City, OK 73112-4511



FIRST-CLASS MAIL  
01/30/2014  
US POSTAGE \$007.19  
ZIP 73112  
041L12203132



7001 0320 0004 4249 1908

MR  
7425-14  
2-3-14



James Manuel, Jr.  
1209 S. Main St.

Stillwater, OK 74074-5846

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

OFFICIAL USE

7001 0320 0004 4249 1908

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+

James Manuel, Jr.  
1209 S. Main St.  
Stillwater, OK 74074-5846  
sms/13-1282-DIS/Cond Ord



Name

1st Notified FEB - 3 2014

731 5E 1700 0003/07/14

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 73112451125 \*1057-12722-30-42

73112@4511