

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

FILED
JAN 30 2014
INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 14-0024-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 James Manuel, Jr. (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200341.

FINDINGS OF FACT

1. Respondent submitted his August 2013 United States Fire Insurance Company (“USFIC”) report to the Oklahoma Insurance Department (“Department”) on Monday, September 23, 2013—7 days after the report was due on Monday, September 16, 2013.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that James Manuel, Jr. is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

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, 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.

WITNESS My Hand and Official Seal this 30th day of January, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

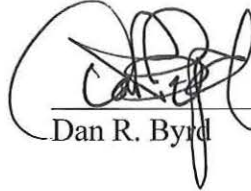
A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
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 20th day of January, 2014, to:

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



Dan R. Byrd

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

OFFICIAL MAIL



2487 6424 4000 0320 1001

Postage \$	
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

James Manuel, Jr.
 1209 S. Main St.
 Stillwater, OK 74074-5846
sms/14-0024-DIS/Cond Ord

PS Form 3800, January 2004 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, Jr.
 1209 S. Main St.
 Stillwater, OK 74074-5846
sms/14-0024-DIS/Cond Ord

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X
- B. Received by (Printed Name) Agent
 Addressee
- C. Date of Delivery

If YES, delivery address different from item 1? Yes
 No

If YES, delivery address below: Yes
 No

RECEIVED BY MAIL
 MAR 11 2014
 OKLAHOMA
 Legal Division

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

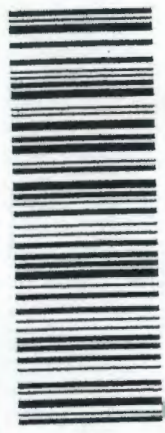
2. Article Number (Transfer from service label) **7001 0320 0004 4249 1847**

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

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

CERTIFIED MAIL

neopost
01/30/2014
FIRST-CLASS MAIL
US POSTAGE \$006.98
ZIP 73112
041L12203132



7001 0320 0004 4249 1847

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



Name _____
1st Notified 2-11
2nd Notified 2-20
Return Date 3-2



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)

7001 0320 0004 4249 1847

OFFICIAL

Postage	\$
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 _____
James Manuel, Jr.
1209 S. Main St.
Stillwater, OK 74074-5846
sms/14-0024-DIS/Cond Ord

NIXIE 731 DE 1700 0003/07/14
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 73112451125 *2557-04291-07-11
7311204511