

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

AUG 14 2014

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 14-0807-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 Delmer Phillips (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100135053.

FINDINGS OF FACT

1. Respondent failed to file his June 2014 Lexington National Insurance Company report with the Oklahoma Insurance Department (“Department”), which was due Tuesday, July 15, 2014.
2. On July 16, 2014, Department staff sent an email to Respondent regarding the failure to file the report.
3. On July 18, 2014, Department staff left a message regarding the failure to file the report.
4. On July 22, 2014, Department staff attempted to call Respondent but the message stated

the phone was not accepting incoming calls.

5. As of this date, the report has not been filed with the Department.

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 Delmer Phillips is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00). Respondent is further notified that he may request a hearing within thirty (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 thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order.

WITNESS My Hand and Official Seal this 14th day of August, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to be "Dan R. Byrd", is written over a horizontal line. The signature is stylized and includes a large loop on the left side.

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 14th day of August, 2014, to:

Delmer Phillips
1704 N. Desert Palm Ave.
Broken Arrow, OK 74012-1201

Certified Mail No.
7014 0150 0001 9588 1695



Dan R. Byrd

JOHN D. DOAK

Insurance Commissioner

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



CERTIFIED MAIL™



7014 0150 0001 9588 1695

FIRST-CLASS MAIL

neopost

08/14/2014

US POSTAGE

\$007.19



ZIP 73112
041L12203132



Delmer Phillips
1704 N. Desert Palm Ave.
Broken Arrow, OK 74012-1201

7014 0150 0001 9588 1695

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

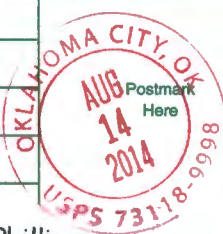
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Delmer Phillips
1704 N. Desert Palm Ave.
Broken Arrow, OK 74012-1201
sms/14-0807-DIS/Cond Ord



7311204511

ANK

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent To
 Delmer Phillips
 1704 N. Desert Palm Ave.
 Broken Arrow, OK 74012-1201
 sms/14-0807-DIS/Cond Ord

PS Form 3800, August 2006 See Reverse for Instructions

569T 8956 T000 05TD 4T02

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.

Delmer Phillips
 1704 N. Desert Palm Ave.
 Broken Arrow, OK 74012-1201
 sms/14-0807-DIS/Cond Ord

OKLAHOMA INSURANCE
 AUG 19 2014
 LEGAL DIVISION

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X
- B. Received by (Printed Name)
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number
 (Transfer from service label)

7014 0150 0001 9588 1695

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