

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

FILED

SEP 17 2014

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 14-0888-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 Tanya Arbertha (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40118051.

FINDINGS OF FACT

1. Respondent failed to file her July 2014 American Contractors indemnity Company report with the Oklahoma Insurance Department (“Department”), which was due Friday, August 15, 2014.
2. On August 19, 2014, Department staff sent an email to Respondent regarding the failure to file the report.
3. On August 25, 2014, Department staff spoke with Respondent advising her to file her report. Respondent stated she would have the office staff of her MGA file the report.

4. On August 26, 2014, Department staff called Respondent's MGA, Steve Snyder, to advise him that the Respondent's report had not been filed.

5. On September 3, 2014, Respondent called the Department to see if her report had been received. It had not so Department staff offered to assist the Respondent. Respondent received another call at this time from Department staff and advised Department staff that she would call back but she did not.

6. 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 Tanya Arbertha is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00). Respondent is further notified that she 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 17th day of September, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

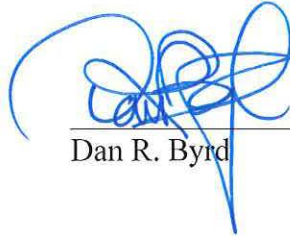


Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 17th day of September, 2014, to:

Tanya Arbertha
623 W. 6th Ave.
Stillwater, OK 74074-4558



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



7014 0150 0001 9588 2234

09/17/2014
US POSTAGE \$007.19



ZIP 73112
 041L12203132

CI



Tanya Arbertha
 623 W. 6th Ave.
 Stillwater, OK 74074-4558

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

SEP 24 2014

Legal Division

AW2

NIXIE 731 FE 1700 0009/21/14

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 7

73112@4511

PS Form 3800, August 2006 See Reverse for Instructions

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

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

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

Sent To
 Tanya Arbertha
 623 W. 6th Ave.
 Stillwater, OK 74074-4558

Street, Apt. No.
 City, State, Zip
 sms/14-0888-DIS/Cond Ord

OKLAHOMA CITY, OK
 SEP 24 2014
 Here
 Postmark

7014 0150 0001 9588 2234

7014 0150 0001 9588 2234

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
 Tanya Arbertha
 623 W. 6th Ave.
 Stillwater, OK 74074-4558
 sms/14-0888-DIS/Cond Ord

PS Form 3800, August 2006 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:

Tanya Arbertha
 623 W. 6th Ave.
 Stillwater, OK 74074-4558
 sms/14-0888-DIS/Cond Ord

2. Article Number
(Transfer from service label)

7014 0150 0001 9588 2234

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540