

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

FILED
JAN 27 2015
INSURANCE COMMISSIONER
OKLAHOMA

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|---|---|----------------------|
| STATE OF OKLAHOMA, ex rel. JOHN D. |) | |
| DOAK, Insurance Commissioner, |) | |
| Petitioner, |) | |
| vs. |) | |
| |) | Case No. 15-0064-DIS |
| STACY FRENCH, a licensed bail bondsman in |) | |
| the State of Oklahoma, |) | |
| Respondent. |) | |

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 June 2014 Crum and Forster Indemnity Company (“CFIC”) report to the Oklahoma Insurance Department (“Department”) on Wednesday, July 16, 2014 — 1 day after the report was due on Tuesday, July 15, 2014.
2. Respondent submitted her September 2014 CFIC report to the Department on Thursday, October 16, 2014 — 1 day after the report was due on Wednesday, October 15, 2014.
3. Respondent submitted her November 2014 CFIC report to the Department on Thursday,

December 18, 2014 — 3 days after the reports were due on Monday, December 15, 2014.

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 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 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 27th day of January, 2015.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



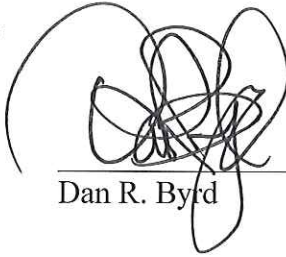
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 27^m day of January, 2015, to:

Stacy French
1330 N. Classen Blvd., Ste. G20
Oklahoma City, OK 73106-6837

**CERTIFIED MAIL NO:
7014 2870 0000 5493 3399**



Dan R. Byrd

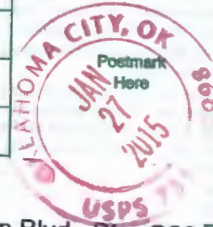
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OFFICIAL USE

7014 2870 0000 5493 3399

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



Total Postage & Fee

Sent To **Stacy French**
 1330 N. Classen Blvd., Ste. G20
 Oklahoma City, OK 73106-6837
15-0064-DIS/DRB(mt)
 (Cond.Adm.Ord. ~ 1-27-15)

Street & Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, July 2014 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:

Stacy French
 1330 N. Classen Blvd., Ste. G20
 Oklahoma City, OK 73106-6837
15-0064-DIS/DRB(mt)
 (Cond.Adm.Ord. ~ 1-27-15)

2. Article Number
 (Transfer from service label)

7014 2870 0000 5493 3399

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Cortni Ogles Addressee

B. Received by (Printed Name) *Cortni Ogles* C. Date of Delivery *1/29/15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

FEB 02 2015

OKLAHOMA INSURANCE

Legal Division