

HE

**FILED**  
FEB 19 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

**Case No. 15-0170-DIS**

## JURISDICTION

## FINDINGS OF FACT

1

3. Respondent failed to file her December 2014 Surety report with the Department, which was due Thursday, January 15, 2015.

4. Department staff sent email letters to Respondent on December 22, 2014 and January 26, 2014.

5. On January 29, 2014, Department staff left a message at Respondent's telephone number on file with the Department, (918) 385-2422, advising her to file her reports. Respondent has not returned the telephone call.

6. Respondent has not filed her July, August and October 2014 surety reports. Her September 2014 surety report was filed late on October 28, 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 Taylor Caldwell is **CENSURED and FINED** Seven Hundred Fifty Dollars (\$750.00). 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 56<sup>th</sup> 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 (31<sup>st</sup>) day following the receipt of the Order, and the fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of February, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

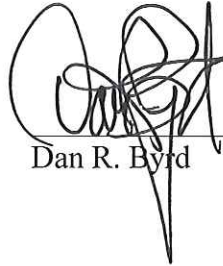
  
\_\_\_\_\_  
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 19<sup>th</sup> day of February, 2015, to:

Taylor Caldwell  
4535 SE Highway 2  
Wilburton, OK 74578-7705

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 4495**



Dan R. Byrd



U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Taylor Caldwell  
 4535 SE Highway 2  
 Wilburton, OK 74578-7705  
 15-0170-DIS/DRB(mt)  
 (Cond. Adm. Ord. ~2-19-15)

Total Postage &  
 Sent To  
 Street & Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

5644 6645 0000 0292 4102



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

**RECEIVED**  
 OKLAHOMA INSURANCE DEPARTMENT

**FEB 26 2015**

**MAILROOM.**

**CERTIFIED MAIL**



7014 2870 0000 5493 4495

neopost #  
 02/19/2015  
**US POSTAGE \$006.48<sup>0</sup>**

ZIP 73112  
 041L12203132

Taylor Caldwell  
 4535 SE Highway 2  
 Wilburton, OK 74578-7705

NIXIE 731 78 1889 0002/24/15

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 73112451125 \*0957-06336-19-36

7312451125



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

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

Postmark  
 Here

Total Postage &

Sent To

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

Taylor Caldwell  
 4535 SE Highway 2  
 Wilburton, OK 74578-7705  
**15-0170-DIS/DRB(mt)**  
 (Cond.Adm.Ord. ~2-19-15)

PS Form 3800, July 2014

See Reverse for Instructions

5644 6645 0000 0292 4102

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURNED TO SENDER ADDRESS.

**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:

OKLAHOMA INSURANCE DEPARTMENT

RECEIVED

FEB 27 2015

Taylor Caldwell  
 4535 SE Highway 2  
 Wilburton, OK 74578-7705  
**15-0170-DIS/DRB(mt)**  
 (Cond.Adm.Ord. ~2-19-15)

Legal Division

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail®
- ☐ Registered
- ☐ Insured Mail
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7034 2670 0000 5493 4495

PS Form 3811, July 2013

Domestic Return Receipt