

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 28 2015
INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 15-0435-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 Dana English (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100182936.

FINDINGS OF FACT

1. Respondent failed to file her February 2015 Roche Surety & Casualty Company, Inc. (“RSCCI”) and February 2015 American Contractors Indemnity Company (“ACIC”) reports with the Oklahoma Insurance Department (“Department”), which were due Monday, March 16, 2015.
2. Respondent was appointed by RSCCI on July 14, 2014 and was cancelled with RSCCI on February 15, 2015. Respondent has no outstanding liability with RSCCI, however a report is due.
3. Respondent was appointed with ACIC on June 6, 2014 and has outstanding liability with

ACIC of \$679,594.00.

4. On March 20, 2015, Department staff sent an email to Respondent regarding failure to file the reports.
5. As of this date, the reports have not been filed with the Department.
6. Respondent has previous administrative actions with the Department for failure to file and late filing of her reports.

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. Respondent has violated 59 O.S. § 1314(D) for failing to pay renewal fees.
4. 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 Dana English is **CENSURED** and **FINED** One Thousand Dollars (\$1,000.00). 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 has not paid the fines ordered herein and 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, Respondent's license shall be immediately suspended and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 20th day of April, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



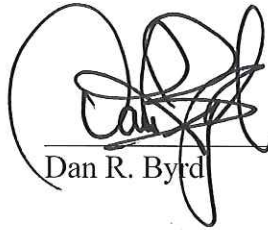
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 20th day of April, 2015, to:

Dana English
10424 Kendall Ave.
Yukon, OK 73099-7815

**CERTIFIED MAIL NO:
7014 2870 0000 5493 0329**



Dan R. Byrd

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

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

OFFICIAL USE

7014 2870 0000 5493 0329

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



Total Postage & Fees

Dana English
 10424 Kendall Ave.
 Yukon, OK 73099-7815
15-0435-DIS/DRB(mt)
 (Cond.Adm.Ord. ~4-28-15)

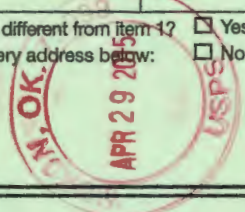
Sent To _____
 Street & Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>Dana English</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Dana English 10424 Kendall Ave. Yukon, OK 73099-7815 15-0435-DIS/DRB(mt) (Cond.Adm.Ord. ~4-28-15) </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2870 0000 5493 0329</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAY 01 2015



Legal Division