

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

FILED
JUN 09 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-0628-DIS
AMANDA HORTON, 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 Amanda Horton (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100189711.

FINDINGS OF FACT

1. Respondent submitted her February 2015 Surety report to the Oklahoma Insurance Department (“Department”) on Tuesday, March 17, 2015 — 1 day after the report was due on Monday, March 16, 2015.
2. Respondent submitted her March 2015 Surety report to the Department on Friday, April 17, 2015 — 2 days after the report was due on Wednesday, April 15, 2015.
3. Respondent submitted her April 2015 Surety report to the Department on Thursday, May

21, 2015 — 6 days after the report was due on Friday, May 15, 2015.

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 Amanda Horton is **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

Respondent is further notified that he 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 and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 9th day of June, 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 9th day of June, 2015, to:

Amanda Horton
Freedom
11505 E. 68th St. N.
Owasso, OK 74055-3947

**CERTIFIED MAIL NO:
7015 0640 0004 4933 9177**



Dan R. Byrd

7015 0640 0004 4933 9177

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Street and Apt. No.

City, State, ZIP+4®

Amanda Horton
Freedom
11505 E. 68TH St., N.
Owasso, OK 74055-3947
15-0628-DIS/DRB(mt)
(Adm.Ord ~6-09-15)



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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- 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:

Amanda Horton
Freedom
11505 E. 68TH St., N.
Owasso, OK 74055-3947
15-0628-DIS/DRB(mt)
(Adm.Ord ~6-09-15)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael Newton

- Agent
- Addressee

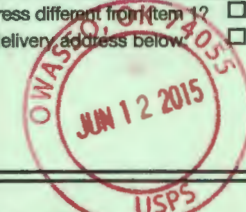
B. Received by (Printed Name)

MICHAEL NEWTON

C. Date of Delivery

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If YES, enter delivery address below. No

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OKLAHOMA INSURANCE DEPARTMENT
JUN 16 2015
Legal Division



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4. Restricted Delivery? (Extra Fee)

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2. Article Number

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