

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
SEP 30 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

<b>STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,</b>	)	
	)	
	)	
<b>Petitioner,</b>	)	
<b>vs.</b>	)	<b>Case No. 15-1045-DIS</b>
	)	
<b>TANYA ANTHONY, a licensed bail bondsman in the State of Oklahoma,</b>	)	
	)	
	)	
<b>Respondent.</b>	)	

**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, Dan R. Byrd, 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. Tanya Anthony (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100106536.

**FINDINGS OF FACT**

1. Every bail bondsman license expires biennially at 12:00 midnight on the last day of the bondsman’s birth month. 59 O.S. § 1304.
2. Every bondsman is required to renew his or her license biennially by submitting a completed renewal application by the end of his or her birth month. 59 O.S. § 1309.
3. Approximately forty-five days prior to the expiration of a bondsman’s license,

Oklahoma Insurance Department (“OID”) staff sends an email to the bondsman advising of the license expiration date.

4. Respondent’s birth month is June. Accordingly, her license expired at midnight, June 30, 2015.

5. On July 14, 2015, Respondent untimely renewed her license.

6. OID personnel conducts audits of late renewals to determine if bondsmen execute any bonds during periods they were not licensed. Investigation of bonds executed in the county and municipality in which Respondent operates revealed that, during the unlicensed period, Respondent executed ten (10) appearance bonds. These bonds totaled \$26,966.00.

#### **CONCLUSIONS OF LAW**

1. The allegations are found to be true and correct and Respondent has violated 59 O.S. §§ 1303(A) and 1320(A), and Oklahoma Administrative Code 365:25-5-35(d) by executing bail bonds in Oklahoma without a valid Oklahoma bail bond license.

#### **ORDER**

**IT IS THEREFORE ORDERED that Tanya Anthony is hereby CENSURED and FINED Five Hundred Dollars (\$500.00).**

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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **provide an explanation of Respondent’s actions described herein and any defenses thereto.**

**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order.**

WITNESS My Hand and Official Seal this 30<sup>th</sup> day of September, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

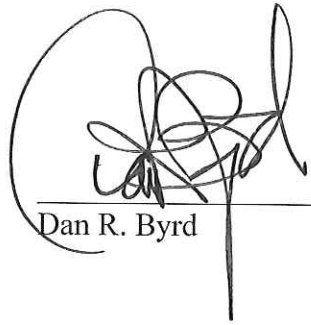
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

I, Dan R. Byrd, 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 via certified mail with return receipt requested on this 30<sup>th</sup> day of September, 2015, to:

Tanya Anthony  
1375 Evergreen St.  
Lone Grove, OK 73443-6138

**CERTIFIED MAIL NO:  
7015 0640 0004 4933 6527**



\_\_\_\_\_  
Dan R. Byrd

**U.S. Postal Service™  
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
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City, State, ZIP+4®	



Tanya Anthony  
1375 Evergreen St  
Lone Grove, OK 73443-6138  
15-1045-DIS/DRB(mt)  
(Cond.Adm.Ord. ~9-30-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Tanya Anthony</u></p> <p>C. Date of Delivery <u>10-5-15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>1. Article Addressed to:</p> <p>Tanya Anthony 1375 Evergreen St. Lone Grove, OK 73443-6138 15-1045-DIS/DRB(mt) (Cond.Adm.Ord. ~9-30-15)</p> <p>9590 9403 0272 5155 1366 20</p>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT OCT 07 2015</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0004 4933 6527</p>	<p>Delivery Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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PS Form 3811, April 2015 PSN 7530-02-000-9063	Domestic Return Receipt																