

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

FILED

NOV 16 2015

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	Case No. 15-1115-DIS
)	
DEVIN MENDEZ, formerly a licensed professional 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. Devin Mendez (“Respondent”) was a licensed bail bondsman in the State of Oklahoma holding license number 0100146993. On or about March 31, 2015, Respondent’s bail bonds license expired.
3. Pursuant to 59 O.S. § 1310(B), any person violating any provision of the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) 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.

ALLEGATIONS OF FACT

1. Respondent failed to timely file his June 2015 Indiana Lumbermens Mutual Insurance Company (“ILMIC”) monthly report with the Oklahoma Insurance Department (“OID”). Respondent’s June 2015 monthly report was due on July 15, 2015. Respondent submitted his June 2015 report on August 21, 2015.

2. Respondent failed to timely file his July 2015 Lexington National Insurance Corporation (“LNIC”) monthly report with the OID. Respondent’s July 2015 monthly report was due on August 17, 2015. Respondent submitted his July 2015 monthly report on August 21, 2015.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file monthly reports as required by 59 O.S. § 1314(B) and O.A.C. 365: 25-5-36.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED** Five Hundred Dollars (\$500.00). **The \$500.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$500.00 civil fine shall be paid by money order or cashier’s check.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW

56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 16th day of November, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Barron B. Brown".

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

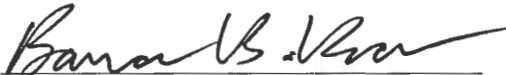
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 16th day of November 2015, to:

Devin Mendez
Highers Bonding
415 W. Broadway St.
Muskogee, OK 74401-6614

CERTIFIED MAIL NO. 7015 0640 0004 4933 6183

and a copy was delivered to:

Renonda Stogsdill
Bail Bonds Division


Barron B. Brown

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

7015 0640 0004 4933 6183

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

OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.50
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 0.48
Total Postage and Fees	\$ 6.73
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	



Highers Bonding
 ATTN: Devin Mendez
 415 W. Broadway St.
 Muskogee, OK 74401-6614
 rg/15-1115-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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>Bo Highers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bo Highers</i> C. Date of Delivery <i>11/18/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT NOV 23 2015 Legal Division</p>
<p>1. Article Addressed to:</p> <p>Highers Bonding ATTN: Devin Mendez 415 W. Broadway St. Muskogee, OK 74401-6614 rg/15-1115-DIS(BBB)/Cond. Adm. Ord.</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0004 4933 6183</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>