

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

NOV 04 2015

**INSURANCE COMMISSIONER
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
SAEN TAYLOR, a licensed Bail Bondsman in)
the State of Oklahoma,)
)
Respondent.)

Case No. 15-1179-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 was a licensed bail bondsman in the State of Oklahoma, holding license number 100177919. However, Respondent's license expired on June 30, 2015 and Respondent failed to renew it.
3. Pursuant to 59 O.S. § 1310(E), the Oklahoma Insurance Department retains jurisdiction over Respondent for two (2) years after the last day the person was licensed.

FINDINGS OF FACT

1. Pursuant to 59 O.S. § 1314(B) and OAC 365:25-5-36, each bail bondsman is required to submit electronically filed monthly reports to the Insurance Commissioner (“Commissioner”) within fifteen (15) days after the end of each preceding month. Said reports must be filed electronically with the Commissioner.

2. August, 2015 monthly bail bond reports were due to be filed with the Commissioner by Tuesday, September 15, 2015. Respondent has failed to timely file her August 2015 Indiana Lumbermens Mutual Insurance Company monthly surety report.

3. Respondent filed her August 2015 Indiana Lumbermens Mutual Insurance Company monthly surety report on October 7, 2015, twenty-two (22) days late.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1310(A)(2) and (24), 59 O.S. § 1314(B) and OAC 365:25-5-36, by failing to timely file her August 2015 Indiana Lumbermens Mutual Insurance Company monthly surety reports.

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500 per violation.

ORDER

IT IS THEREFORE ORDERED that Respondent Saen Taylor is FINED Five Hundred Dollars (\$500.00). Respondent will be required to pay the fine prior to the filing of any new application for any type of license the Oklahoma Insurance Department issues.

Respondent is further notified that she may request a hearing within 30 days of the receipt of

this Conditional Administrative 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 Kelley Callahan, Senior Attorney, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondents' actions alleged herein and any defenses thereto.** **If Respondent does not request a hearing within the 30 days allotted, this Conditional Administrative Order shall become a FINAL ORDER on the 31st day following Respondents' receipt of the Order.**

WITNESS My Hand and Official Seal this 4th day of November, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Kelley C. Callahan", written over a horizontal line.

KELLEY C. CALLAHAN

Senior Attorney
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 certified, return receipt requested, on this 4th day of November, 2015, to:

Saen Taylor
313 State Street
Muskogee, Oklahoma 74401-6350

Certified Mail No.
7015 0640 0004 4933 5933



KELLEY C. CALLAHAN

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

7015 0640 0004 4933 5933

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

OFFICIAL USE

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ _____
 Total Postage and Fees \$ _____

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

Saen Taylor
 313 State Street
 Muskogee, Oklahoma 74401-6350
sms/15-1179-DIS/Cond 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 <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; text-align: center;"> Saen Taylor 313 State Street Muskogee, Oklahoma 74401-6350 sms/15-1179-DIS/Cond Ord </div> <p style="text-align: center;">9590 9403 0272 5155 1362 62</p>	<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 style="text-align: center;">NOV 10 2015 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7015 0640 0004 4933 5933</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>