

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

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

**FILED**  
NOV 04 2015  
INSURANCE COMMISSIONER  
OKLAHOMA  
Case No. 15-1180-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 40036559. However, Respondent's license expired on August 31, 2015 and Respondent failed to renew it. In addition on August 6, 2015, Respondent's license was suspended in case number 15-0635-DIS.
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 his August 2015 Safety National Casualty Corporation monthly surety report.

3. As of the date of the filing of this Order, Respondent has failed to file said report.

### **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 his August 2015 Safety National Casualty Corporation monthly surety report..

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 Eugene Phillips is FINED One Thousand Five Hundred Dollars (\$1,500.00). 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 he 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 56<sup>th</sup> 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 31<sup>st</sup> day following Respondents' receipt of the Order.**

WITNESS My Hand and Official Seal this 3rd 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 56<sup>th</sup> 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, return receipt requested, on this 4th day of November, 2015, to:

Eugene Phillips  
PO Box 1801  
Oklahoma City, Oklahoma 73156-1801

Certified Mail No.  
7015 0640 0004 4933 5919

Eugene Phillips  
4800 S Foster Road, Lot 95  
Oklahoma City, Oklahoma 73129-7246

Certified Mail No.  
7015 0640 0004 4933 5902



KELLEY C. CALLAHAN

7015 0640 0004 4933 5902

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$



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PS Form 3800, April 2015 PSN

Eugene Phillips  
 4800 S Foster Road, Lot 95  
 Oklahoma City, Oklahoma 73129-7246  
 sms/15-1180-DIS/Cond Ord



**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4511

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 NIXIE 731 NFE 1700 15C0011/08/15  
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Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_



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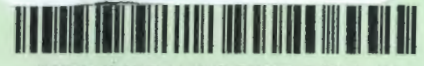
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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9590 9403 0272 5155 1362 93

2. Article Number (Transfer from service label)  
**7015 0640 0004 4933 5902**

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A. Signature \_\_\_\_\_  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 Legal Division

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

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Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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	\$
Total Postage and Fees	\$



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PS Form 3800, April 2015 PSN



**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4511

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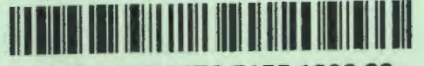
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 Legal Division

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Domestic Return Receipt





**JOHN D. DOAK**  
**Insurance Commissioner**  
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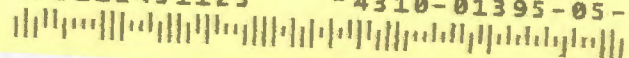
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15-1180-015

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