

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

**FILED**  
NOV 10 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

<b>STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,</b>	)	
<b>Petitioner,</b>	)	
<b>vs.</b>	)	
<b>RHONDA ABEL, a licensed bail bondsman in the State of Oklahoma,</b>	)	
<b>and</b>	)	<b>CASE NO. 15-1230-DIS</b>
<b>DENISE BOWLINE, a licensed professional bail bondsman and surety bondsman in the State of Oklahoma,</b>	)	
<b>Respondents.</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 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 Rhonda Abel ("Abel") is a licensed bail bondsman in the State of Oklahoma holding license number 100159709.

3. Respondent Denise Bowline ("Bowline") is a licensed professional bail bondsman in the State of Oklahoma holding license number 199849.

**FINDINGS OF FACT**

1. On or about March 18, 2015, an appearance bond was executed as follows:

Defendant: Caleb Lee Kipps  
Case Number(s): CM-2015-27  
City/County: Nowata County Court Clerk  
Insurer: Denise Bowline  
Bondsman: Rhonda Abel  
Power Number(s): 0074R  
Bond Amount(s): \$1000

2. On June 24, 2015, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on June 24, 2015. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Abel's Order and Judgment of Forfeiture was unclaimed per USPS, Notice Left (No Authorized Recipient Available).

4. Bowline received a copy of the Order and Judgment of Forfeiture on June 30, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, September 29, 2015.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

7. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

### **CONCLUSIONS OF LAW**

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) by failing to remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company 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.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety bondsman does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.

### **ORDER**

**IT IS THEREFORE ORDERED** that Rhonda Abel and Denise Bowline are each **CENSURED and FINED Three Hundred Dollars (\$300.00).**

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Nowata County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Denise Bowline’s license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Denise Bowline.

Respondents are further notified that they 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, Assistant General Counsel, 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 Respondents do 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, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of November, 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**

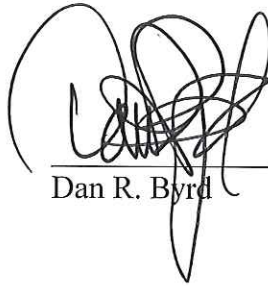
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 16<sup>th</sup> day of November, 2015, to:

Rhonda Abel  
517 E. Cherokee Ave.  
Nowata, OK 74048-2809

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 7719**

Denise Bowline  
415 ¼ SW Adams Blvd.  
Bartlesville, OK 74003-4410

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 7726**



\_\_\_\_\_

Dan R. Byrd

7015 0640 0002 7406 7719

**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee

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

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Rhonda Abel  
517 E. Cherokee Ave.  
Nowatta, OK 74048-2809  
15-1230-DIS/DRB(mt)  
(Cond.Adm.Ord ~11-10-15)



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

See Reverse for Instructions



**JOHN D. DOAK**  
**Insurance Commis**  
Oklahoma Insurance De  
5 Corporate Plaza  
3625 N.W. 56th St., Ste.  
Oklahoma City, OK 73111

**CERTIFIED MAIL**



7015 0640 0002 7406 7719

*M L*

Rhonda Abel  
517 E. Cherokee Ave.  
Nowatta, OK 74048-2809

neopost

11/10/2015

**US POSTAGE \$006.95<sup>5</sup>**

FIRST-CLASS MAIL



ZIP 73112  
041L12208132

PM 10 22

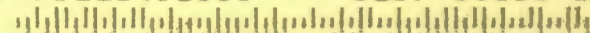
NIXIE 731 FE 1 0011/17/1

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

7404832E

BC: 73112451999 \*0157-00829-10

7311204519



7015 0640 0002 7406 7719

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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®

Rhonda Abel  
 517 E. Cherokee Ave.  
 Nowatta, OK 74048-2809  
 15-1230-DIS/DRB(mt)  
 (Cond.Adm.Ord ~11-10-15)

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

OKLAHOMA CITY, OK  
 NOV 23 2015  
 USPS 73118-9998

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

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Rhonda Abel  
 517 E. Cherokee Ave.  
 Nowatta, OK 74048-2809  
 15-1230-DIS/DRB(mt)  
 (Cond.Adm.Ord ~11-10-15)

9590 9403 0272 5155 1339 19

2. Article Number (Transfer from service label)  
 7015 0640 0002 7406 7719

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X ☐ Agent ☐ Addressee

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

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

OKLAHOMA INSURANCE DEPARTMENT  
 NOV 23 2015

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  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7015 0640 0002 7406 7726

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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<sup>®</sup>

Denise Bowline  
415 1/4 SW Adams Blvd.  
Bartlesville, OK 74003-4410  
15-1230-DIS/DRB(mt)  
(Cond.Adm.Ord ~11-10-15)



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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Denise Bowline  
415 1/4 SW Adams Blvd.  
Bartlesville, OK 74003-4410  
15-1230-DIS/DRB(mt)  
(Cond.Adm.Ord ~11-10-15)



9590 9403 0272 5155 1339 02

2. Article Number (Transfer from service label)

7015 0640 0002 7406 7726

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x Denise Bowline ☐ Agent  
☐ Addressee  
B. Received by (Printed Name)  
Denise Bowline  
C. Date of Delivery  
11/19/15  
D. Is delivery address different from item 1? ☐ Yes  
☒ No  
If Yes, enter delivery address below



3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail<sup>®</sup>  
☒ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express<sup>®</sup>  
☐ Registered Mail<sup>TM</sup>  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation<sup>TM</sup>  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt