

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

FILED
NOV 10 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-1285-DIS
GLEND A EMERSON, a licensed 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. Respondent Glenda Emerson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100105608.

FINDINGS OF FACT

1. Respondent submitted her July 2015 Safety National Casualty Corporation (“SNCC”) report to the Oklahoma Insurance Department (“Department”) on Tuesday, August 25, 2015 — 8 days after the report was due on Monday, August 17, 2015.
2. Respondent submitted her August 2015 SNCC report to the Department on Thursday, September 17, 2015 — 2 days after the report was due on Tuesday, September 15, 2015.
3. Respondent submitted her September SNCC report to the Department on Friday, October

16, 2015 — 1 day after the reports were due on Thursday, October 15, 2015.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A) (24) for failing to file a report as required by Section 1314.
2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”
3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title 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.”

ORDER

IT IS THEREFORE ORDERED that Glenda Emerson is **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

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

WITNESS My Hand and Official Seal this 10th day of November, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

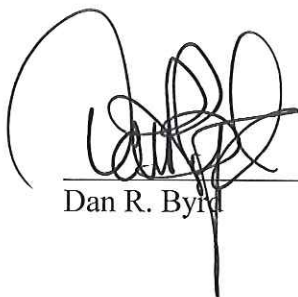
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 10th day of November, 2015, to:

Glenda Emerson
223 S. 2nd St.
Blackwell, OK 74631-2846

**CERTIFIED MAIL NO:
7015 0640 0002 7406 7740**



Dan R. Byrd

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City, State, ZIP+4® _____



Glenda Emerson
 23 S. 2nd St.
 Blackwell, OK 74631-2846
 15-1285-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:

Glenda Emerson
 23 S. 2nd St.
 Blackwell, OK 74631-2846
 15-1285-DIS/DRB(mt)
 (Cond.Adm.Ord ~11-10-15)

9590 9403 0272 5155 1308 33

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Glenda Emerson* Agent Addressee

B. Received by (Printed Name) *Glenda Emerson*

C. Date of Delivery *11/13/15*

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

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 OKLAHOMA INSURANCE DEPARTMENT
 NOV 17 2015

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 7015 0640 0002 7406 7740

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