

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

**FILED**  
JAN 06 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,	)	
Petitioner,	)	
vs.	)	
	)	Case No. 16-0011-DIS
SAVANNAH FORD, 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 Savannah Ford (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100215550.

**FINDINGS OF FACT**

1. Respondent submitted her May 2015 Cash report to the Oklahoma Insurance Department (“Department”) on Wednesday, June 17, 2015 — 2 days after the report was due on Monday, June 15, 2015.
2. Respondent submitted her August 2015 Cash 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 October 2015 Cash report to the Department on Tuesday,

November 17, 2015 — 1 day after the report was due on Monday, November 16, 2015.

4. Respondent submitted her November 2015 Cash report to the Department on Wednesday, December 16, 2015 – 1 day after the report was due on Tuesday, December 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 Savannah Ford 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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order.**

WITNESS My Hand and Official Seal this 6<sup>th</sup> day of January, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

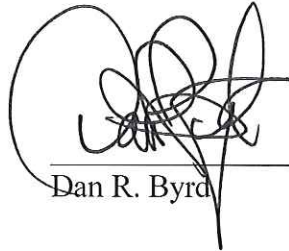
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 6<sup>th</sup> day of January, 2016, to:

Savannah Ford  
608 SW D Ave., Ste. 2  
Lawton, OK 73501-4560

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 3681**



\_\_\_\_\_  
Dan R. Byrd

7015 0640 0002 7406 3681

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City, State, ZIP+4®	



Savannah Ford  
608 SW D Ave., Ste. 2  
Lawton, OK 73501-4560  
16-0011-DIS/DRB(mt)  
(Cond. Adm. Ord. & Notice 1-06-16)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mail piece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Savannah Ford</p> <p>C. Date of Delivery 1/2/16</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>1. Article Addressed to:</p> <p>Savannah Ford 608 SW D Ave., Ste. 2 Lawton, OK 73501-4560 16-0011-DIS/DRB(mt) (Cond. Adm. Ord. &amp; Notice 1-06-16) ;)</p> <p>JAN 14 2016 Legal Division</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0002 7406 3681</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt