BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA		FILED
STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, Petitioner,)))	INSURANCE COMMISSION
VS.) Case No. 16-0015-DIS	AHOMA SIONER
CHRISTI ADAMS, 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 Christi Adams ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40081010.

FINDINGS OF FACT

- Respondent submitted her January 2015 Roche Surety & Casualty Company ("RSCC") 1. report to the Oklahoma Insurance Department ("Department") on Tuesday, February 24, 2015 - 7 days after the report was due on Tuesday, February 17, 2015.
- Respondent submitted her March 2015 RSCC report to the Department on Friday, April 2. 17,2015-2 days after the report was due on Wednesday, April 15, 2015.

3. Respondent submitted her November 2015 RSCC 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 Tina Ganther 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 day of January, 2016.



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) 522-6330 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 _____ day of January, 2016, to:

Christi Adams 110 S. 5th St., Ste. 105 Yukon, OK 73099-2601

CERTIFIED MAIL NO: 7015 0640 0002 7406 4886

Dan R. Byrd



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X Agent Addressee R. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: Christi Adams 110 S. 5TH St., Ste. 105 Yukon, OK 73099-2601 16-0014 DIS/DRB(mt) (Cond. Adm. Ord. & Notice 1-06-16)	Aves delivery address different from them 1? Aves II Ves III No. II No.	
9590 9403 0272 5155 0720 96 2. Article Number (Transfer from service label)	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Insured Mail ☐ Insured Mail ☐ Insured Mail	
7015 0640 0002 7406 4886	☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt	