

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

FILED
MAR 04 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0200-DIS
RONALD NUNNELEY, 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 Ronald Nunneley (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199185.

FINDINGS OF FACT

1. Respondent failed to file his January 2016 Allegheny Casualty Company (“ACC”) report with the Oklahoma Insurance Department (“Department”), which was due Tuesday, February 16, 2016.
2. Respondent was appointed with ACC on December 16, 1994. Respondent has outstanding liability with ACC of \$50,000.00. Therefore, a report is required to be filed with the Department.
3. On February 17, 2016, Department staff sent an email to Respondent regarding failure to

file the report. On February 19, 2016, Department staff spoke with Respondent's son who stated someone would submit Respondent's report. On February 29, 2016, Department staff sent a second notice to Respondent to file his report.

4. As of today's date, Respondent has not filed the report with the Department.
5. Respondent has previous administrations actions by the Department for failure to file reports.

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. Respondent has violated 59 O.S. § 1314(D) for failing to pay reviewal fees.
4. 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 Ron Nunneley is **CENSURED** and **FINED** Four Hundred Dollars (\$400.00). Respondent is further notified that he may request a hearing within thirty (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 has not paid the fines ordered herein and does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondent's license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 4th day of March, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line.


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 4th day of March, 2016, to:

Ronald Nunneley
3701A S. Harvard Ave. #312
Tulsa, OK 74135-2265

**CERTIFIED MAIL NO:
7015 0640 0002 7406 9584**



Dan R. Byrd

7015 0640 0002 7406 9584

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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®	



Ronald Nunneley
3701A S. Harvard Ave., #312
Tulsa, OK 74135-2265
16-0200-DIS/DRB(mt)
(Con.Adm.Ord. & Notice ~3-04-16)

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:

Ronald Nunneley
3701A S. Harvard Ave., #312
Tulsa, OK 74135-2265
16-0200-DIS/DRB(mt)
(Con.Adm.Ord. & Notice ~3-04-16)



9590 9403 0272 5155 0701 84

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9584

COMPLETE THIS SECTION ON DELIVERY

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

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
MAR 11 2016

3. Service Type *Legal Division*
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, April 2016 PSN 7530-02-000-9053

Domestic Return Receipt