

**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. 16-0201-DIS
RHONDA ABEL, 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 Rhonda Abel (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100159709.

FINDINGS OF FACT

1. Respondent failed to file her January 2016 NOSURTY report with the Oklahoma Insurance Department (“Department”), which was due Tuesday, February 16, 2016.
2. Respondent’s appointment with Denise Bowline was cancelled on July 29, 2015. Respondent does not have any other appointments. Therefore, a NOSURTY report is required to be filed with the Department.
3. On February 16, 2016, Department staff attempted to call Respondent but her phone was

out of service.

4. On February 18, 2016, Department staff sent an email to Respondent regarding failure to file the report.

5. On February 28, 2016, Department staff again attempted to call Respondent but her phone was still out of service.

6. As of today's date, Respondent has not filed the report with the Department.

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 Rhonda Abel is **CENSURED** and **FINED** Three Hundred Dollars (\$300.00). 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



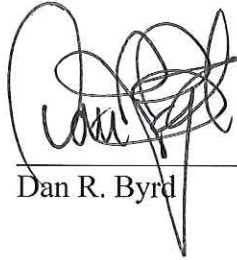
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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:

Rhonda Abel
322 Willow St.
Nowata, OK 74048-3542

**CERTIFIED MAIL NO:
7015 0640 0002 7406 9591**



Dan R. Byrd

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)

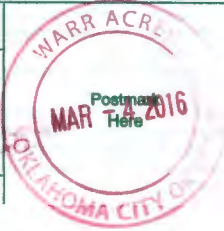
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Rhonda Abel
 322 Willow St.
 Nowatta, OK 74048-3542
 16-0201-DIS/DRB(mt)
 (Con.Adm.Ord. & Notice ~3-04-16)

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7015 0640 0002 7406 9591

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 Number

Rhonda Abel
 322 Willow St.
 Nowatta, OK 74048-3542
 16-0201-DIS/DRB(mt)
 (Con.Adm.Ord. & Notice ~3-04-16)



9590 9403 0272 5155 0701 77

2. Article Number (Transfer from service label)

7015 0640 0002 7406 9591

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Rhonda Abel

B. Received by (Printed Name) _____

C. Date of Delivery 3-7-16

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

MAR 10 2016

Legal Division

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

OKLAHOMA INSURANCE DEPARTMENT