

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

FILED
JUN 01 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0206-DIS
CHAUNCEY SUMMERS, 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. §§ 1301-1341.
2. Respondent Chauncey Summers (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40041039.

FINDINGS OF FACT

1. Respondent failed to file his January 2016 NOSURETY report with the Oklahoma Insurance Department (“Department”), which was due Tuesday, February 16, 2016.
2. Respondent’s appointment with Dean Jennings was cancelled on December 29, 2015. Respondent does not have any other appointments. Therefore, a NOSURETY report is required.
3. On February 18, 2016, Department staff sent an email to Respondent regarding his failure to file the report. On February 22, 2016, Department staff left a message regarding his failure to

file his report.

4. On February 23, 2016, Respondent called regarding his report. He was advised to call back while at his computer so a staff member could assist him with the reporting program. On February 25, 2016, Respondent called and was directed where to download the reporting program. On February 26, 2016, Respondent's wife called while the reporting program was downloading. She was advised to call back when the program was loaded onto their computer.

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

6. Review of Bail Bond Division records indicates this is Respondent's first violation of this type.

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 Chauncey Summers is **FINED** Two Hundred-Fifty Dollars (\$250.00). 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 fine ordered herein and filed his outstanding NOSURETY report, 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 fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 1st day of June, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

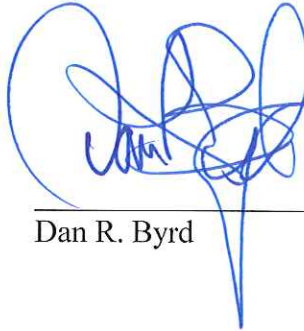

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 1st day of June 2016, to:

Chauncey Summers
P.O. Box 851
Tulsa, OK 74101-0851

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7225**

A handwritten signature in blue ink, appearing to be 'Dan R. Byrd', is written over a horizontal line. The signature is highly stylized and cursive.

Dan R. Byrd

7015 3010 0001 4736 7225

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Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Chauncey Summers
P.O. Box 851
Tulsa, OK 74101-0851
16-0206-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice-6-01-16)



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

CERTIFIED MAIL

JOHN D. DOAK
Insurance Commiss
Oklahoma Insurance Dep.
5 Corporate Plaza
3625 N.W. 56th St., Ste. #
Oklahoma City, OK 73112



7015 3010 0001 4736 7225

OKLAHOMA CITY OK 73106
neopost
FIRST-CLASS MAIL
US POSTAGE \$006.46
01 JUN 2016 PM 7 L
ZIP 73112
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NAME
1st Notice 6-27-16
2nd Notice 6-28-16
Return

Chauncey Summers
P.O. Box 851
Tulsa, OK 74101-0851

NIXIE 731 SE 1 0006/24/16
RETURN TO SENDER
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UNABLE TO FORWARD
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Chauncey Summers
 P.O. Box 851
 Tulsa, OK 74101-0851
16-0206-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice-6-01-16)

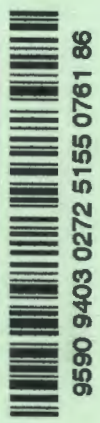
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 (Transfer from service label)
7015 3010 0001 4736 7225

Chauncey Summers
 P.O. Box 851
 Tulsa, OK 74101-0851
16-0206-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice-6-01-16)



2. Article Number (Transfer from service label)
7015 3010 0001 4736 7225

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 No

OKLAHOMA INSURANCE DEPARTMENT
JUN 29 2016
 Legal Division

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

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Signature Confirmation Restricted Delivery

Domestic Return Receipt

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