

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

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
vs. )  
 )  
WILMA JEANNINE WALKER, a licensed bail )  
bondsman in the State of Oklahoma, )  
 )  
and )  
 )  
VERNIE ZIEGLER, a licensed professional )  
bail bondsman in the State of Oklahoma, )  
 )  
Respondents. )  
 )

**FILED**

JUN 10 2016

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 16-0318-DIS

**AMENDED 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, Barron B. Brown, 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 Wilma Jeannine Walker (“Walker”) is a licensed bail bondsman in the State of Oklahoma holding license number 199503.
3. Respondent Vernie Ziegler (“Ziegler”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199765.
4. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure,

suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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 of a violation.

**ALLEGATIONS OF FACT**

1. On or about October 9, 2014, an appearance bond was executed as follows:

Defendant:	Benjamin Tyler Kelley
Case Number(s):	CF-2014-6629
City/County:	Oklahoma County
Surety:	Vernie Ziegler
Bondsman:	Wilma Jeannine Walker
Power Number(s):	CBUN 02191
Bond Amount(s):	\$3,000.00

2. On December 2, 2015, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on December 10, 2015, by the Oklahoma County Court Clerk. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Walker received a copy of the Order and Judgment of Forfeiture on December 12, 2015.

4. Ziegler received a copy of the Order and Judgment of Forfeiture on December 12, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was March 14, 2016.

6. On or about March 28, 2016, Respondents untimely paid the subject forfeiture.

**ALLEGED VIOLATIONS OF LAW**

1. Respondents have violated 59 O.S. § 1332(D); by failing to timely remit payment

in the face amount of the bond forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

**ORDER**

**IT IS THEREFORE ORDERED that Walker and Ziegler are each FINED Two Hundred and Fifty Dollars (\$250.00). The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.**

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final

resolution at the hearing.

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of June, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-2746

**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 by certified mail, with postage prepaid and return receipt requested, on this 10<sup>th</sup> day of June, 2016, to:

Wilma Jeannine Walker  
811 Robert S. Kerr  
Oklahoma City, OK 73106

**CERTIFIED MAIL NO.  
7015 3010 0001 4736 6341**

Vernie Ziegler  
811 Robert S. Kerr  
Oklahoma City, OK 73106

**CERTIFIED MAIL NO. 7015 3010 0001 4736 6334**

Barron B. Brown

Barron B. Brown  
Assistant General Counsel

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**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 \$ \_\_\_\_\_

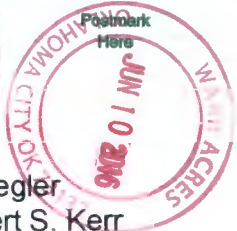
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box # \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN \_\_\_\_\_



Vernie Ziegler  
 811 Robert S. Kerr  
 OKC, OK 73106  
**sms/16-0318-DIS/Amd Ord**

7015 3010 0001 4736 6334

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 mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Vernie Ziegler                  811 Robert S. Kerr                  OKC, OK 73106  <b>sms/16-0318-DIS/Amd Ord</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below: _____</p> <p>JUN 10 2016</p>
<p>9590 9403 0272 5155 0770 60</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4736 6334</p>	<p>Mail Restricted Delivery</p>

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Certified Mail Fee  
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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**  
 \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box  
 City, State, ZIP+4®

Wilma Jeannine Walker  
 811 Robert S. Kerr  
 OKC, OK 73106  
**sms/16-0318-DIS/Amd Ord**



PS Form 3800, April 2015 PSN

THE 9647 1000 0106 5102

**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:

Wilma Jeannine Walker  
 811 Robert S. Kerr  
 OKC, OK 73106  
**sms/16-0318-DIS/Amd Ord**

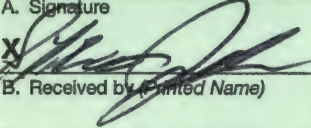


9590 9403 0272 5155 0770 77

2. Article Number (Transfer from service label)

7015 3010 0001 4736 6341

**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

INSURANCE DEPARTMENT  
 JUN 16 2016

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

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

Domestic Return Receipt