

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

FILED

JUN 14 2016

**INSURANCE COMMISSIONER
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0459-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. §§ 1301-1341.

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 March 2016 NOSURTY report with the Oklahoma Insurance Department ("Department"), which was due Friday, April 15, 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 April, 19, 2016, Department staff sent an email to Respondent regarding her failure

to file the report.

4. On April 26, 2016, Department staff attempted to call Respondent but the message states that the customer is unavailable or has travelled outside the calling area and does not allow you to leave a message.

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

6. This is Respondent's third violation of this type 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** One Thousand Two Hundred Dollars (\$1,200.00). Respondent is further notified that she 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 filed all of her outstanding NOSURETY reports, including the reports and fines ordered in Case Numbers: 16-0201-DIS \$300 and 16-0344-DIS \$600, 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 14th day of June, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

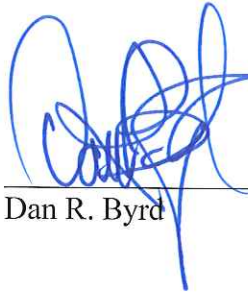
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 14th day of June, 2016, to:

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

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7928**



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
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 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
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 Total Postage and Fees
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 Street and Apt. No., or PO Box
 City, State, ZIP+4®

Rhonda Abel
 322 S. Willow St.
 Nowatta, OK 74048-3542
16-0459-DIS/DRB(mt)
(Con.Adm.Ord. & Notice 6-14-16)

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. Rhonda Abel
 322 S. Willow St.
 Nowatta, OK 74048-3542
16-0459-DIS/DRB(mt)
(Con.Adm.Ord. & Notice 6-14-16)



2. Article Number (Transfer from service label)
7015 3010 0001 4736 7928

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Rhonda Abel 6/30/16

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

FINANCE DEPARTMENT
 JUL 6 2016
 Legal Division

3. Service Type
- | | |
|--|---|
| <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 2015 PSN 7530-02-000-9053

Domestic Return Receipt