

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

FILED
MAY 11 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0460-DIS
ADELA AUSTIN, 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 Adela Austin (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100203230.

FINDINGS OF FACT

1. Respondent failed to file her March 2016 Cash report with the Oklahoma Insurance Department (“Department”), which was due Friday, April 15, 2016.
2. On April 19, 2016, Department staff sent an email to Respondent regarding her failure to file her Cash report.
3. On April 22, 2016, Respondent called and said her computer crashed, however she did not timely file her Surety report.

4. On April 26, 2016, Department staff called Respondent and left a message that she must file her report or would be referred to Legal.

5. As of today's date, Respondent has not filed the Cash 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 Adela Abel is **CENSURED** and **FINED** Four Hundred Dollars (\$400.00). 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 fine ordered herein and filed her outstanding Cash 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 17th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



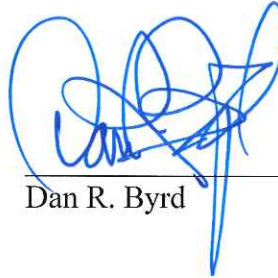
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 11th day of May, 2016, to:

Adela Austin
902 Arlington Ctr #90
Ada, OK 74820-2883

**CERTIFIED MAIL NO:
7015 3010 0001 4736 5665**



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

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Extra Services & Fees (check box, add fee as appropriate)

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
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Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Adela Austin
 902 Arlington Ctr., #90
 Ada, OK 74820-2883
16-0460-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~5-11-16)



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

7015 3010 0001 4736 5665

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:

Adela Austin
 902 Arlington Ctr., #90
 Ada, OK 74820-2883
16-0460-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~5-11-16)



2. Article Number (Transfer from service label)
7015 3010 0001 4736 5665

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Matt Revels* C. Date of Delivery *5/13/16*

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

MAY 17 2016

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

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Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt