

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

**FILED**  
JUN 15 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.	)	
DOAK, Insurance Commissioner,	)	
Petitioner,	)	
vs.	)	
	)	Case No. 16-0574-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 April 2016 Cash report with the Oklahoma Insurance Department (“Department”), which was due Monday, May 16, 2016.
2. On May 18, 2016, Department staff sent an email to Respondent regarding her failure to file her Cash report.
3. As of today’s date, Respondent has not filed the Cash report with the Department.
4. Review of the Bail Bond Division records indicates that this is Respondent’s second

violation of this type that has been referred to the Department's Legal Division.

**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** Eight Hundred Dollars (\$800.00). 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 56<sup>th</sup> 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 (31<sup>st</sup>) 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 15<sup>th</sup> day of June, 2016.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



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

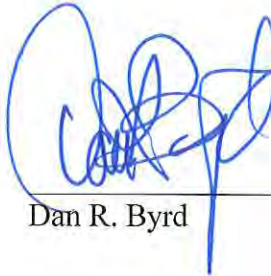
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 15<sup>th</sup> day of June, 2016, to:

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

**CERTIFIED MAIL NO:  
7015 3010 0001 4736 8024**



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Dan R. Byrd



**U.S. Postal Service™**  
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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® \_\_\_\_\_

Adela Austin  
 902 Arlington Ctr. #90  
 Ada, OK 74820-2883  
**16-0574-DIS/DRB(mt)**  
**(Cond. Adm. Ord. & Notice -6-14-16)**

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

7015 3010 0001 4736 8024

**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, if the mailpiece permits.

1. Article addressed to:

Adela Austin  
 902 Arlington Ctr. #90  
 Ada, OK 74820-2883  
**16-0574-DIS/DRB(mt)**  
**(Cond. Adm. Ord. & Notice -6-14-16)**



9590 9402 1900 6104 3887 43

2. Article Number (Transfer from service label)

7015 3010 0001 4736 8024

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Brenda Parks*  Agent  Addressee

B. Received by (Printed Name) *Dorinda Kovel* C. Date of Delivery *6-17-16*

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 JUN 21 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)

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