



than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.

5. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

6. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

#### **ALLEGATIONS OF FACTS**

7. Pursuant to 59 O.S. § 1314(B) and OAC 365:25-5-36(a), a licensed surety bondsman shall electronically submit monthly reports for each line of authority by the fifteenth day of each month.

8. Respondent failed to timely submit her February 2016 SNC report which was due no later than March 15, 2016. Respondent's February 2016 SNC report was filed on March 16, 2016, which was one (1) day past the due date required by OAC 365:25-5-36(a).

9. Respondent failed to timely submit her March 2016 SNC report which was due no later than April 15, 2016. Respondent's March 2016 SNC report was filed on April 16, 2016, which was one (1) day past the due date required by OAC 365:25-5-36(a).

10. Respondent failed to timely submit her June 2016 SNC report which was due no later than July 15, 2016. Respondent's June 2016 SNC report was filed on July 16, 2016, which was one (1) days past the due date required by OAC 365:25-5-36(a).

#### **ALLEGED CONCLUSIONS OF LAW**

11. Respondent has violated 59 O.S. § 1310(A)(24) on three (3) occasions by failing

to timely file monthly reports for the months of February, March and June of 2016, as required by 59 O.S. § 1314.

**ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that Respondent violated the provisions of 59 O.S. §§ 1310(A)(24) and 1314 and is hereby **CENSURED**.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days 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 mailing of this Order. Such request for hearing, if desired, shall be in writing, addressed to Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and shall state the basis for requesting the hearing. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 through 403. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 August, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara Worten", is written over a horizontal line.


Sara A. Worten OBA# 21532  
Oklahoma Insurance Department  
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 August, 2016, to:

**CERTIFIED MAIL NO. 7016 0910 0000 5833 7835**

Alecia Thomas  
P.O. Box 94413  
Oklahoma City, OK 73143-4413

  
\_\_\_\_\_  
Sara A. Worten  
Assistant General Counsel

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**16-0745-DIS/SAW(mt)**  
**(Cond. Adm. Ord. & Notice~ 8-10-16)**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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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  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>                  Alecia Thomas <span style="float: right;">8/10/16</span></p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Alecia Thomas                      P.O. Box 94413                      Oklahoma City, OK 73143-4413  <b>16-0745-DIS/SAW(mt)</b>  <b>(Cond. Adm. Ord. &amp; Notice~ 8-10-16)</b> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">9590 9402 1736 6074 9184 66</p>	<p>2. Article Addressed to delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No (Print delivery address below:)</p> <p style="text-align: center; font-weight: bold; font-size: 1.5em;">AUG 22 2016</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Legal Division</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7016 0910 0000 5833 7835</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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)	
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