

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

FILED
SEP 14 2016
INSURANCE COMMISSIONER
OKLAHOMA

| | | |
|--|---|----------------------|
| STATE OF OKLAHOMA, ex rel. JOHN D. |) | |
| DOAK, Insurance Commissioner, |) | |
| Petitioner, |) | |
| vs. |) | |
| |) | Case No. 16-0876-DIS |
| AMBER MILLS, 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 Amber Mills (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100189028.

FINDINGS OF FACT

1. Respondent submitted her March 2016 Crum & Foster Indemnity Company (“CFIC”) report to the Oklahoma Insurance Department (“Department”) on Saturday, April 16, 2016 — 1 day after the report was due on Friday, April 15, 2016.
2. Respondent submitted her May 2016 CFIC report to the Department on Friday, June 17,

2016 — 2 days after the report was due on Wednesday, June 15, 2016.

3. Respondent submitted her July 2016 CFIC report to the Department on Friday, August 19, 2016 — 4 days after the report was due on Monday, August 15, 2016.

4. This is Respondent's first (1st) violation of this type.

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. 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 Amber Mills is **FINED** Two Hundred Fifty Dollars (\$250.00).

Respondent is further notified that she may request a hearing within 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 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 14th day of September, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to be "Dan R. Byrd", is written over a horizontal line.

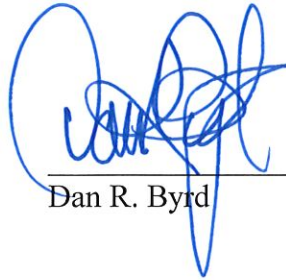
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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, 2016, to:

Amber Mills
9924 84th St.
Lexington, OK 73150

**CERTIFIED MAIL NO:
7016 0910 0000 5833 9488**



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
 \$ _____

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
 \$ _____

Amber Mills
 9924 84TH St.
 Lexington, OK 73150
16-0876-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~9-14-16)

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

7016 0910 0000 5833 9488

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:

Amber Mills
 9924 84TH St.
 Lexington, OK 73150
16-0876-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~9-14-16)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Nikki Sowilson* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Nikki Sowilson *9/16*

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 SEP 20 2016
 Legal Division

Barcode
 9590 9402 1736 6074 9175 51

2. Article Number (Transfer from service label)
 7016 0910 0000 5833 9488

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