

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

FILED
NOV 15 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
RONALD NUNNELEY a licensed bail bondsman)
in the State of Oklahoma,)
)
AND)
)
ROBERTA AGUILAR, A licensed surety in the)
State of Oklahoma,)
)
Respondents.)

CASE NO. 16-1003-DIS

**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 AND AUTHORITY

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. §§ 1301-1340*.
2. Respondent Nunneley (“Nunneley”) was a licensed bail bondsman in the State of Oklahoma holding license number 199185.
3. Respondent Roberta Aguilar (“Aguilar”) is a licensed multicounty agent bail bondsman in the State of Oklahoma holding license number 199461.
4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to *59 O.S. § 1310*.

5. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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.

6. Pursuant to 59 O.S. § 1332(D)(4)(a), the Insurance Commissioner shall immediately cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the appointment of all surety bondsman agents of the insurer who are licensed by Section 1301 et seq. of this title.

7. If Respondents request 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 Respondents.

8. 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 FACT

1. On or about July 5, 2016, two appearance bonds were executed as follows:

Defendant:	Jose Gomes, Jr.
Case Number(s):	CF-2016-3333
City/County:	Tulsa County
Surety:	Roberta Aguilar
Bondsman:	Ronald Nunneley
Power Number(s):	ABB-16-33418 and ABB-16-33420
Bond Amount(s):	\$5,000.00 and \$500.00

2. On July 13, 2016, the Defendant failed to appear, and the bonds were declared forfeited.

An Order and Judgment of Forfeiture was issued and filed in the case July 13, 2016, by the Tulsa County Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents on July 19, 2016, with return receipt requested.

3. Nunneley received a copy of the Order and Judgment of Forfeiture on July 21, 2016.
4. Aguilar received a copy of the Order and Judgment of Forfeiture on July 22, 2016.
5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was October 20, 2016.
6. The bond forfeiture was paid on October 24, 2016, four (4) days after deadline to either return the defendant to custody or pay the forfeiture. As of the date of the filing of this Conditional Administrative Order, the defendant has not been returned to custody.

ALLEGED CONCLUSIONS OF LAW

1. Respondents have violated 59 O.S. § 1332 by failing to return the Defendant within ninety (90) days as specifically stated in subsection 4(c) of the statute or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

ORDER

IT IS THEREFORE ORDERED that Nunneley and Augilar are each FINED Five Hundred Dollars (\$500.00). The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order and sent to the Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. If the fines are not paid within thirty (30) days, Aguilar's license will be suspended and shall remain suspended until the fines

are paid in full. Nunneley's license will remain suspended until fines are paid in full.


IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondents request a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date 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 date of mailing this Order. A request for hearing should be in writing addressed to Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondents serve a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as 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 15th day of November, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-0125

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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 15th day of November 2016, to:

Ronald Nunnelley
3701A S. Harvard Ave.
Suite 312
Tulsa, OK 74135 - 2265

**CERTIFIED MAIL NO:
7016 0910 0000 5833 4452**

and
3605 S. Urbana Ave.
Tulsa, OK 74135

**CERTIFIED MAIL NO:
7016 0910 0000 5833 4469**

Roberta Aguilar
121 N. Denver Ave.
Tulsa, OK 74103

**CERTIFIED MAIL NO:
7016 0910 0000 5833 4476**

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sara A. Worten
Assistant General Counsel

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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
 Roberta Aguilar
 121 N. Denver Ave.
 Tulsa, OK 74103
16-1003-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-15-16)

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

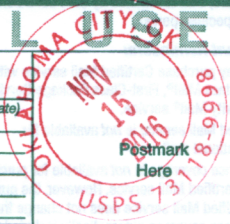
7016 0910 0000 5833 4476

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>Haven H</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
	<p>B. Received by (Printed Name) <i>Haven Hawley</i></p>	<p>C. Date of Delivery <i>10-17-16</i></p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Roberta Aguilar 121 N. Denver Ave. Tulsa, OK 74103 16-1003-DIS/SAW(mt) (Cond.Adm.Ord. & Notice ~11-15-16) </div> <p>OKLAHOMA INSURANCE DEPARTMENT RECEIVED NOV 22 2016</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 4476</p>	<p>3. Service Type</p> <table border="0"> <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)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
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<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																		

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To **Ronald Nunnelley**
 3605 S. Urbana Ave.
 Tulsa, OK 74135
16-1003-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-15-16)

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

6944 5833 4469 0000 0160 9100 9100

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<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Don Nunnelley</u> C. Date of Delivery <u>11-17-16</u></p>
<p>1. Article Addressed to: OKLAHOMA INSURANCE DEPARTMENT</p> <p>Ronald Nunnelley 3605 S. Urbana Ave. Tulsa, OK 74135 16-1003-DIS/SAW(mt) (Cond.Adm.Ord. & Notice ~11-15-16)</p> <p>RECEIVED NOV 22 2016 Legal Division</p> <p>9590 9402 1900 6104 4155 55</p>	<p>address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>SHERIDAN COUNTY, OKLAHOMA NOV 17 2016</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 4469</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	



Ronald Nunnelley
3701A S. Harvard Ave., Suite 312
Tulsa, OK 74135-2265
16-1003-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-15-16)

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Tulsa, OK 74135-2265
16-1003-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-15-16)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Taylor Budd

RECEIVED OKLAHOMA INSURANCE DEPARTMENT
NOV 22 2016
Legal Division

2. Article Addressed to: Yes
If YES, enter delivery address below: No



9590 9402 1900 6104 4155 48

2. Article Number (Transfer from service label)
7016 0910 0000 5833 4452

3. Service Type

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<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
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