

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.

ALLEGATIONS OF FACTS

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

2. Respondent failed to submit her October 2016 ACIC report which was due no later than November 15, 2016. Respondent told the Bail Bond Division she was no longer employed or bonding. The Division advised her that she has an outstanding liability with ACIC of \$454,750.00 and was still responsible for filing monthly reports until her liability obtained a zero balance.

3. While her October 2016 report remains outstanding, Respondent further failed to submit her subsequent November 2016 ACIC report, which was due no later than December 15, 2016.

ALLEGED CONCLUSIONS OF LAW

Respondent has violated *59 O.S. § 1310(A)(24)* on two (2) occasions by failing to file monthly reports for the months of October and November 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 **FINED in the amount of Five Hundred Dollars (\$500.00)**. **The fine is to be paid within thirty (30) days of service of this order by either cashier's check or money order and remitted to the Oklahoma Insurance Department and**

mailed to ATTN: Julie Meaders, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

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 Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 17th day of January 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Julie Meaders, OBA #14410
Oklahoma Insurance Department
3625 NW 56th 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 17th day of January, 2017 to:

CERTIFIED MAIL NO. 7016 0910 0000 8401 6070

Secile Kay Baughman
181 Dove Lane
Ponca City, OK 74604-5200



Julie Meaders
Deputy General Counsel

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Secile Kay Baughman
 181 Dove Ln.
 Ponca City, OK 74604-5200
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PS Form 3800, April 2015 PSN

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- 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:

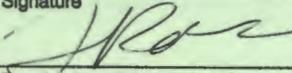
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 Ponca City, OK 74604-5200
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9590 9402 1736 6074 9247 26

2. Article Number (Transfer from service label)
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A. Signature X  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2-1-17

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



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<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
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt