

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 29 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
TANYA LYNETTE CULBERT, a licensed bail)
bondsman in the State of Oklahoma,)
)
and)
)
DUSTIN CLINT PLETCHER, a multicounty)
agent bail bondsman licensed in the State of)
Oklahoma,)
)
Respondents.)

Case No. 16-1102-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, Barron B. Brown, 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 Tanya Lynette Culbert (“Culbert”) is a licensed bail bondsman in the State of Oklahoma holding license number 100187161.
3. Respondent Dustin Clint Pletcher (“Roberts”) is a licensed multicounty agent bondsman in the State of Oklahoma holding license number 40070339.
4. 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 of a violation.

ALLEGATIONS OF FACT

1. On or about July 20, 2016, an appearance bond was executed as follows:

Defendant:	Becky Jo Hoaks
Case Number(s):	CF-2016-116
City/County:	Canadian County
Surety:	Dustin Clint Pletcher
Bondsman:	Tanya Lynette Culbert
Power Number(s):	6832
Bond Amount(s):	\$2,000.00

2. On August 22, 2016, the Defendant failed to appear and the bond was declared forfeited. On August 29, 2016, an Order and Judgment of Forfeiture was issued and filed in the case by the Canadian County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture Order's filing.

3. Culbert was sent a copy of the Order and Judgment of Forfeiture on August 29, 2016 to her provided mailing address on record with the Oklahoma Insurance Department. No signature was obtained from Culbert on the return receipt of the August 29th Order and Judgment of Forfeiture mailing.

4. Pletcher received a copy of the Order and Judgment of Forfeiture on September 1, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was December 1, 2016.

6. The forfeiture was untimely paid on December 6, 2016.

ALLEGED VIOLATIONS OF LAW

1. Respondents have violated 59 O.S. § 1332(D); by failing to timely return the Defendant within ninety (90) days or timely remit payment in the face amount of the bond forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

ORDER

IT IS THEREFORE ORDERED that Respondents Culbert and Pletcher are each FINED Two Hundred Fifty Dollars (\$250.00). 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. If Respondents' fines are not paid within thirty (30) days, their licenses will be suspended and shall remain suspended until the 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 Respondent requests 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 Barron B. Brown, 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 Oklahoma Insurance Code (36 O.S. §§ 101 et seq.), the Oklahoma Bail Bond Act (specifically- 59 O.S. §§ 1311-1311.1) and the Oklahoma Administrative Procedures Act (75

O.S. §§ 308a et seq.). If the Respondent serves 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 29th day of December, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Barron B. Brown, 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 29th day of December, 2016, to:

Tanya Lynette Culbert
P.O. Box 851315
Yukon, OK 73085

CERTIFIED MAIL NO. 7016 0910 0000 8401 5929

Dustin Clint Pletcher
12844 Acme Rd.
Shawnee, OK 74804

CERTIFIED MAIL NO. 7016 0910 0000 8401 5936

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
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 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®

Tanya Lynette Culbert
 P.O. Box 851315
 Yukon, OK 73085
 rlg/16-1102-DIS(BBB)/Cond Adm Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

7016 0910 0000 8401 5929

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:
 Tanya Lynette Culbert
 P.O. Box 851315
 Yukon, OK 73085
 rlg/16-1102-DIS(BBB)/Cond Adm Ord



9590 9402 1736 6074 9246 03

2. Article Number (Transfer from service label)
 7016 0910 0000 8401 5929

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Tanya Culbert* Agent Addressee

B. Received by (Printed Name) *Tanya Culbert*
 C. Date of Delivery *12/30/16*

1. Delivery address different from item 1? Yes No
 If "Yes," print delivery address below: _____

OKLAHOMA INSURANCE DEPARTMENT
 JAN 04 2017
 Legal Division

3. Service Type
- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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) | |

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

Domestic Return Receipt

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 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
 \$ _____



Sent To
 Dustin Clint Pletcher
 12844 Acme Rd.
 Shawnee, OK 74804
 rlg/16-1102-DIS(BBB)/Cond Adm Ord

Street and Apt. No., or PO Box #

City, State, ZIP+4®

PS Form 3800, April 2015 PSN

7016 0910 0000 8401 5936

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Dustin Clint Pletcher 12844 Acme Rd. Shawnee, OK 74804 rlg/16-1102-DIS(BBB)/Cond Adm Ord</p> </div> <p>9590 9402 1736 6074 9246 10</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 style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT JAN 05 2017 Legal Division</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)	
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