

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
FEB 27 2017  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, )  
)  
)  
Petitioner, )  
vs. )  
)  
TINA GANTHER, a licensed bail bondsman in )  
the State of Oklahoma, )  
)  
Respondent. )

CASE NO. 16-1144-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**

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 Tina Ganther (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199264.

**ALLEGATIONS OF FACT**

1. 59 O.S. § 1314 (D) requires each bail bondsman to submit to the Insurance Commissioner a monthly report of the bondsman. If new liability is written that month the bail bondsman is required to submit a reviewal fee to the Insurance Commissioner. The amount of the reviewal fee is equal to two-tenths of one percent (2/10 of 1%) of the new liability written for that month. The Insurance Commissioner then transfers the funds to the Office of the State Treasurer. 59. O.S. § 1314 (D)

2. In November 2016, Respondent submitted her October 2016 monthly report showing the new bonds written for the month.
3. Based on the October 2016 report Respondent owed Three Hundred Twenty-five Dollars and Forty-four cents (\$325.44) in reviewal fees.
4. On December 1, 2016, the State Treasurer notified the Oklahoma Department of Insurance (the "Department") that Respondent owed Three Hundred Twenty-five Dollars and Forty-four cents (\$325.44) in reviewal fees and she submitted insufficient funds for payment of those reviewal fees on November 22, 2016.
5. In November 2016, Respondent submitted an amended monthly report indicating no money due for reviewal fees.
6. On December 8, 2016, the State Treasurer notified the Department that Respondent failed to submit the required Three Dollar (\$3.00) report uploading fee due to insufficient funds in her account.
7. In November 2016, Respondent submitted a second amended monthly report indicating a Fifty-Seven Dollars and Sixty cents (\$57.60) due for reviewal fees.
8. On December 9, 2016, the State Treasurer notified the Department that Respondent failed to submit the required \$57.60 reviewal fee due to insufficient funds in her account.
9. Since 2012 this is the fourth administrative action for this type of violation by the Respondent and the eighteenth administrative action overall taken against Respondent by the Department.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A) (29) for uttering insufficient electronic funds transfer for payments received by the Commissioner from the Respondent.

2. Pursuant to 59 O.S. § 1310(B), any person violating any provision of Sections 1301 through 1340 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 Tina Ganther is **FINED** Two Thousand Dollars (\$2,000.00). The fine is to be paid within thirty (30) days of receipt of order. **Failure to pay the fine within the thirty (30) days allotted shall result in suspension of license.**


Respondent is further notified that she may request a hearing within thirty (30) days of receipt of this Order, 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 Sara A. Worten, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112, and shall specify the grounds to be relied upon as a basis for relief demanded at the hearing.

If Respondent does not request a hearing within the 30 days allotted, this Conditional Administrative Order shall become a FINAL ORDER on the 31<sup>st</sup> day following Respondent's receipt of the Order.

WITNESS My Hand and Official Seal this 27<sup>th</sup> day of February 2017.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Sara A. Worten  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
Tel. (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 certified, return receipt requested, on this 27<sup>th</sup> day of February, 2017 to:

Tina Ganther  
8640 NE 33<sup>rd</sup>  
Spencer, OK 73084

**CERTIFIED MAIL NO:  
7016 0910 0000 8401 5493**

  
\_\_\_\_\_  
Sara A. Worten

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



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Total Postage and Fees \$ \_\_\_\_\_

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Street and Apt. No., or PO Box \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Tina Ganther  
 8640 NE 33RD  
 Spencer, OK 73084  
**16-1144-DIS/SAW(mt)**  
**(Cond. Adm. Ord. & Notice-2-27-17)**

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

7016 0910 0000 8401 5493

**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:

Tina Ganther  
 8640 NE 33RD  
 Spencer, OK 73084  
**16-1144-DIS/SAW(mt)**  
**(Cond. Adm. Ord. & Notice-2-27-17)**

9590 9402 1900 6104 3986 43

2. Article Number (Transfer from service label)

7016 0910 0000 8401 5493

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Tina Ganther*

B. Received by (Printed Name) *Tina Ganther* C. Date of Delivery *3/13/17*

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAR 15 2017  
 Legal Division

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  Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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