

Hundred Dollars (\$2,500.00) for each occurrence.

ALLEGATIONS OF FACTS

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

6. Respondent failed to timely submit her January 2016 United States Fire Insurance Company (“USFIC”) report which was due no later than February 16, 2016. Respondent’s January 2016 report was filed on February 17, 2016, which was one (1) day past the due date required by *OAC 365:25-5-36(a)*.

7. Respondent failed to timely submit her April 2016 USFIC report which was due no later than May 16, 2016. Respondent’s April report was on filed on March 17, 2016, which was one (1) day past the due date required by *OAC 365:25-5-36(a)*.

8. Respondent failed to timely submit her November 2016 USFIC report which was due no later than December 15, 2016. Respondent’s November 2016 USFIC report was filed on December 23, 2016, which was eight (8) days past the due date required by *OAC 365:25-5-36(a)*.

ALLEGED CONCLUSIONS OF LAW

9. Respondent has violated *59 O.S. § 1314(B)* on three (3) occasions by failing to timely file monthly reports for USFIC for the months of January, April and November, 2016, as required by *59 O.S. §§ 1314* and *1310*.

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 TWO-HUNDRED AND FIFTY DOLLARS (\$250.00)**. **Fine to be paid within thirty (30) days of the date of this order.**

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 the 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 16th day of March, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink that reads "Julie Meaders". The signature is written in a cursive style and is positioned above a horizontal line.


Julie Meaders
Deputy General Counsel
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 16th day of March, 2017, to:

Audry Conley
P.O. Box 13331
Oklahoma City, OK 73113-1331

CERTIFIED MAIL NO. 7016 0910 0000 8401 6520



Julie Meaders

7016 0910 0000 8401 6520

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Audry Conley
P.O. Box 13331
Oklahoma City, OK 73113-1331
rlg/17-0032-DIS(JAM)/Cond Adm Ord



PS Form 3800, April 2015 PSN

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:

Audry Conley
P.O. Box 13331
Oklahoma City, OK 73113-1331
rlg/17-0032-DIS(JAM)/Cond Adm Ord



9590 9402 1346 5285 6112 11

2. Article Number (Transfer from service label)
7016 0910 0000 8401 6520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Audry Conley* Agent Addressee

B. Received by (Printed Name)
Audry Conley

C. Date of Delivery
3/22/17

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

MAR 24 2017

Legal Division

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

3. Service Type

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Adult Signature Restricted Delivery Registered Mail™

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Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

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

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