

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 April 11, 2016, an appearance bond was executed as follows:

Defendant:	Derrick R. Allen
Case Number(s):	CM-2013-126
City/County:	Comanche County District Court
Surety:	Barry Tucker
Bondsman:	Cristina Rodriguez
Power Number(s):	10398
Bond Amount(s):	\$1,000.00

2. On October 25, 2016, the Defendant failed to appear and the bond was declared forfeited. On November 2, 2016, an Order and Judgment of Forfeiture was issued and filed in the case by the Comanche County District Court. A true and correct copy of the Order and Judgment of Forfeiture in each case was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture Order's filing.

3. Rodriguez received a copy of the Order and Judgment of Forfeiture on November 22, 2016, as evidenced electronically by the United States Postal Service Tracking website.

4. Tucker received a copy of each Order and Judgment of Forfeiture on November 4, 2016, as evidenced electronically by the United States Postal Service Tracking website.

5. The ninety-first (91st) day after receipt of each Order and Judgment of Forfeiture was February 21, 2017.

6. On or about March 2, 2017, the bond forfeiture was untimely paid by Tucker.

ALLEGED VIOLATIONS OF LAW

1. Respondents have violated 59 O.S. § 1310(A)(2); violation of any laws of this

state or any lawful rule, regulation, or order of the Commissioner relating to bail.

2. 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 Rodriguez and Tucker 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 20th day of March, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
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 20th day of March, 2017, to:

Cristina Rodriguez
1511 W. Gore Blvd., Ste. 2
Lawton, OK 73501-3662

CERTIFIED MAIL NO. 7016 0910 0000 8401 6629

Barry Tucker
P.O. Box 803
Waurika, OK 74884

CERTIFIED MAIL NO. 7016 0910 0000 8401 6636

Barron B. Brown

Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 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 Cristina Rodriguez
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
 rlg/17-0122-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 6629

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:

Cristina Rodriguez
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
 rlg/17-0122-DIS(BBB)/Cond Adm Ord



2. Article Number (Transfer from service label)

7016 0910 0000 8401 6629

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Cristina Rodriguez

B. Received by (Printed Name) *Cristina Rodriguez*

C. Date of Delivery *MAR 27 2017*

1. Is the delivery address different from item 1? Yes No

If YES, enter delivery address below: _____

RECEIVED OKLAHOMA INSURANCE DEPARTMENT 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 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 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 **Barry Tucker**
 P.O. Box 803
 Waurika, OK 74884
 rlg/17-0122-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 6636

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:

Barry Tucker
 P.O. Box 803
 Waurika, OK 74884
 rlg/17-0122-DIS(BBB)/Cond Adm Ord



9590 9402 1346 5285 6113 89

2. Article Number (Transfer from service label)

7016 0910 0000 8401 6636

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Debbi Tucker Addressee

B. Received by (Printed Name) *Debbi Tucker*

C. Date of Delivery *3-22-17*

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 24 2017
 Legal Division

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt