

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED
APR 11 2017
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
) Petitioner,)
vs.)
)
ALEXANDRA TATE, a licensed bail bondsman in)
the State of Oklahoma,)
)
AND)
)
JOHN BURKS,)
A licensed multicounty agent bondsman in the)
State of Oklahoma,)
)
) Respondents.

CASE NO. 17-0219-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 AND AUTHORITY

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 Alexandra Tate (“Tate”) is a licensed bail bondsman in the State of Oklahoma holding license number 100258665.
3. Respondent John Burks (“Burks”) is a licensed multicounty agent bondsman in the State of Oklahoma holding license number 199080.
4. Pursuant to 59 O.S. §§ 1310(B) and 1332, 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.

ALLEGATIONS OF FACT

1. On or about November 21, 2016, an appearance bond was executed as follows:

Defendant:	Daniel Israel Warren
Case Number(s):	CM-2015-496
City/County:	Oklahoma County
Surety:	John Burks
Bondsman:	Alexandra Tate
Power Number(s):	23216
Bond Amount(s):	\$1,000.00

2. On November 28, 2016, the Defendant failed to appear in CM-2015-496 and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case by the Oklahoma County District Court. A true and correct copy of the Order and Judgment of the Forfeiture in CM-2015-496 was mailed to Respondents on December 6, 2016 with return receipt requested.

3. Burks received a copy of the Order with the return filed on December 20, 2016.

4. Tate received a copy of the Order with the return filed on December 9, 2016.

5. The ninety-first (91st) day after receipt of the Orders was March 10, 2017.

6. As of the date of the filing of this Conditional Administrative Order, the forfeiture has not been paid.

ALLEGED VIOLATIONS OF LAW

1. Respondents Burks and Tate have failed to comply with 59 O.S. § 1332(D)(1) by failing to return the Defendant within ninety (90) days or remit payment in the face amount of the bond

forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture in CM-2015-496, which is a violation under 59 O.S. § 1310(A)(2).

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1341, may be subject to a fine of not less than Two Hundred and Fifty Dollars (\$250.00) but not more than Two Thousand and Five Hundred Dollars (\$2,500.00) per violation.

ORDER

IT IS THEREFORE ORDERED that Burks and Tate 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 and sent to the Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112.

IT IS FURTHER ORDERED that Respondents Burks and Tate are to pay the forfeiture in Oklahoma County case number CM-2015-496, State v. Daniel Israel Warren. If the forfeiture is not paid within thirty (30) days, pursuant to 59 O.S. § 1332(D), the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond, One Thousand and No/100 Dollars (\$1,000.00), from Burks' multicounty bail bondsman certificate of deposit and forward it to the Oklahoma County Court Clerk for payment of the bond forfeiture.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondents request 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 Lisa M. Torneten, 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 the Insurance Code and 75 O.S. § 250-323. If the Respondents serve 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 11 day of April, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "L. Torneten".

Lisa M. Torneten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-0125
Fax (405) 522-0125

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 regular mail and by certified mail, with postage prepaid and return receipt requested, on this 11 day of April 2017, to the following:

Alexandra Tate
2519 SW 59th St.
Oklahoma City, OK 73119

CERTIFIED MAIL NO. **7016 0910 0000 8401 3673**

John Burks
PO Box 686
Pauls Valley, OK 73075

CERTIFIED MAIL NO. **7016 0910 0000 8401 3680**

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division



Lisa M. Torneten
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
 \$ _____

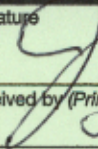
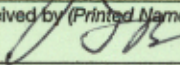
Total Postage and Fees
 \$ _____

John Burks
 P.O. Box 686
 Pauls Valley, OK 73075
17-0219-DIS/LMT(mt)
(Cond. Adm. Ord. & Notice ~4-11-17)

Sent To
 Street and Apt. No., or PO Box
 City, State, ZIP+4®

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

7016 0910 0000 8401 3680

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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>John Burks P.O. Box 686 Pauls Valley, OK 73075 17-0219-DIS/LMT(mt) (Cond. Adm. Ord. & Notice ~4-11-17)</p>		<p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 4/13/17</p>	
<p>2. Article Number (Transfer from service label) 7016 0910 0000 8401 3680</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT APR 18 2017 Legal Division</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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
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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

Street and Apt. No., or PO Box

City, State, ZIP+4®

Alexandra Tate
 2519 SW 59TH St.
 Oklahoma City, OK 73119
17-0219-DIS/LMT(mt)
(Cond.Adm.Ord. & Notice ~4-11-17)

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

7016 0910 0000 8401 3673

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:

Alexandra Tate
 2519 SW 59TH St.
 Oklahoma City, OK 73119
17-0219-DIS/LMT(mt)
(Cond.Adm.Ord. & Notice ~4-11-17)



9590 9402 1736 6074 9237 05

2. Article Number (Transfer from service label)
7016 0910 0000 8401 3673

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Alex Tate Agent
 Addressee

B. Received by (Printed Name) *Alex Tate* C. Date of Delivery *4-24-17*

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

APR 26 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 (over \$500)

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