

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAY 25 2017

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
)
)
Petitioner,)
vs.) CASE NO. 17-0342-DIS
)
)
SHERRY HIGGINS, a licensed bail bondsman in the State of Oklahoma, license # 100254886,)
Respondent.)

**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, Sandra G. LaVenue 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 et seq., as well as the Oklahoma Bail Bond Act, 59 O.S. §§ 1301-1341.

2. Sherry Higgins ("Respondent") is a licensed surety and cash bail bondsman in the State of Oklahoma holding license number 100254886.

3. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 59 O.S. § 1310.

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.

5. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 59 O.S. 1311.1, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

6. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACTS

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

8. Respondent failed to timely submit her January 2017 cash bond report which was due no later than February 15, 2017. Respondent's January 2017 cash report was filed on February 16, 2017, which was one (1) day past the due date required by OAC 365:25-5-36(a).

9. Respondent failed to timely submit her February 2017 cash bond report which was due no later than March 15, 2017. Respondent's February 2017 cash bond report was filed on March 20, 2017, which was five (5) days past the due date required by OAC 365:25-5-36(a).

10. Respondent failed to timely submit her March 2017 cash bond report which was due no later than April 17, 2017. Respondent's March 2017 cash bond report was filed on April 23, 2017, which was six (6) days past the due date required by OAC 365:25-5-36(a).

ALLEGED CONCLUSIONS OF LAW

11. Respondent has violated 59 O.S. § 1314(B) on three (3) occasions by failing to timely file monthly cash bond reports for the months of January, February, and March of 2017, 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 **CENSURED**.

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 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 Sandra LaVenue, 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 25th day of May, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sandra LaVene OBA# 13372
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 25th day of May, 2017, to:

CERTIFIED MAIL NO. 7016 0910 0000 8401 2164

Sherry Higgins
211 W. Main
Marietta, OK 73448



Sandra G. LaVenue
Senior Counsel

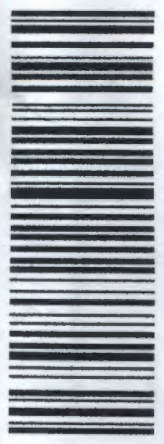
FIRST-CLASS MAIL

NEOPOST

05/25/2017 US POSTAGE \$007.29

ZIP 73112 041M11276941

CERTIFIED MAIL



7016 0910 0000 8401 2164

JOHN D. DOAK Insurance Commissioner Oklahoma Insurance Department 5 Corporate Plaza 3625 N.W. 56th St., Ste. #100 Oklahoma City, OK 73112-4511



2017 JUN 15 AM 11 29

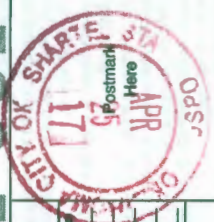
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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



Total Postage and Fees

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN

Sherry Higgins 211 W. Main Marietta, OK 73448

sms/17-0342-DIS/Cond Ord

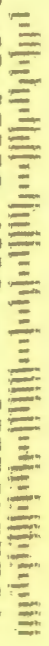


Sherry Higgins 211 W. Main Marietta, OK 73448

NIXIE 731 DE 1700 0005/13/17

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

BC: 73112451125 *0657-02216-25-39



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

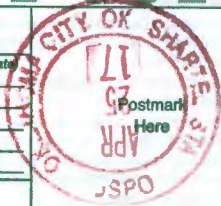
For delivery information, visit our website at www.usps.com

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

Street and Apt. No., or PO Box

City, State, ZIP+4®

Sherry Higgins
 211 W. Main
 Marietta, OK 73448
 sms/17-0342-DIS/Cond Ord

PS Form 3800, April 2015 PSN

4912 1049 0000 0160 9102

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:

Sherry Higgins
 211 W. Main
 Marietta, OK 73448
 sms/17-0342-DIS/Cond Ord



9590 9402 1900 6104 3996 64

2. Article Number (Transfer from service label)

7016 0910 0000 8401 2164

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery

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

JUN 16 2017

OKLAHOMA INSURANCE DEPARTMENT

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.