

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
JUN 20 2017
INSURANCE COMMISSIONER
OKLAHOMA

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

CASE NO. 17-0401-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 Cassandra Mounger (“Respondent” or “Mounger”) is a licensed bail bondsman in the State of Oklahoma holding license number 100135624.
3. Pursuant to *59 O.S. § 1310(B)*, any person violating any provision of Sections *1301* through *1340* is 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. *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 April 2017, the State Treasurer notified the Oklahoma Department of Insurance (“OID”) that Respondent owed Six Hundred Ninety-six Dollars and forty cents (\$696.40) in reviewal fees.

3. Respondent submitted insufficient funds for payment of those reviewal fees on April 17, 2017.

4. This is the third occurrence for this type of violation by the Respondent since 2016.

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.

ORDER

IT IS THEREFORE ORDERED that Cassandra Mounger is **FINED** One-Thousand Dollars (\$1,000.00). 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 56th 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 31st day following Respondent's receipt of the Order.

WITNESS My Hand and Official Seal this 20th day of June, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Sara A. Worten", is written over a horizontal line.

Sara A. Worten, OBA # 21532
Assistant General Counsel
3625 NW 56th 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 20th day of June, 2017 to:

Cassandra Mounger
Advantage Bail Bonds
313 State Street
Muskogee, Oklahoma 74401-6350

**CERTIFIED MAIL NO:
7016 2140 0000 3510 6631**

Lewis Garrison
Bail Bonds Division



Sara A. Worten

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®

Cassandra Mounger
 Advantage Bail Bonds
 313 State Street
 Muskogee, OK 74401-6350
17-0401-DIS/SAW(MT)
(Cond. Adm. Ord. & Notice ~6-20-17)

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

7016 2140 0000 3510 6631

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 mail piece or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tina W. Senhunt</i></p> <p>C. Date of Delivery <i>6-22-17</i></p>	
<p>1. Article Addressed to:</p> <p>Cassandra Mounger Advantage Bail Bonds 313 State Street Muskogee, OK 74401-6350 17-0401-DIS/SAW(MT) (Cond. Adm. Ord. & Notice ~6-20-17)</p> <p>9590 9402 2617 6336 1449 33</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p><i>Legal Division</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2140 0000 3510 6631</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JUN 27 2017
 Legal Division

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