

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

**FILED**

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

JAN 02 2013

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 12-1125-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. Eugene Phillips (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40036559.

**FINDINGS OF FACT**

1. On October 15, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) his September 2012 Safety National Casualty Corporation report.

2. With the report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$3.00. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”

3. On November 13, 2012, Department staff sent Respondent a letter by email and

certified mail with return receipt requested requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter. The certified letter was returned to the Department marked as "Return to Sender, Unclaimed, Unable to Forward."

4. On December 5, 2012, Respondent called the Department and requested the amount he owed to the Bail Bond Division. The information was emailed to him and a telephone message was left at his number of record.

5. As of the date of this Order, Respondent has not replaced the funds or responded to the Department.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

2. Respondent has violated 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

#### **ORDER**

**IT IS THEREFORE ORDERED that Eugene Phillips is CENSURED.**

**IT IS FURTHER ORDERED that Eugene Phillips shall replace the insufficient EFT and pay the service fee owed. The total amount owed to the Department in this case is Twenty-Eight Dollars (\$28.00).**

Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action 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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite

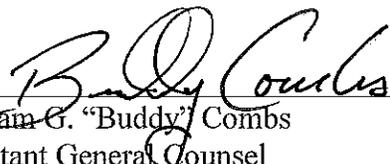
100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions described herein and any defenses thereto.

If Respondent fails to replace the EFT and pay the service fee owed within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day and Respondent's license shall be **SUSPENDED**.

WITNESS My Hand and Official Seal this 2nd day of January, 2013.



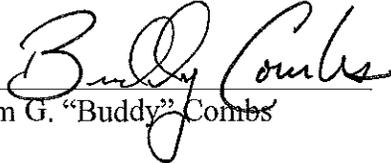
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
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 certified, return receipt requested on this 2nd day of January, 2013, to:

Eugene Phillips  
P.O. Box 21801  
Oklahoma City, OK 73156-1801

  
\_\_\_\_\_  
William G. "Buddy" Combs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Eugene Phillips</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> Eugene Phillips  P.O. Box 21801  OKC, OK 73156-1801  sms/12-1125-DIS/Cond. Ord. </div>		B. Received by (Printed Name) C. Date of Delivery <i>Eugene Phillips</i> <i>01-11-13</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004		OKLAHOMA INSURANCE DEPARTMENT JAN 15 2013 VILLAGE BR OKLAHOMA Legal Division	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7001 0320 0003 9967 3075	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	
Sent To	Eugene Phillips P.O. Box 21801 OKC, OK 73156-1801 sms/12-1125-DIS/Cond. Ord.
Street, Apt. No or PO Box No.	
City, State, ZIP	
Postmark Here 	
PS Form 3800, January 2001	
See Reverse for Instructions	