

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

**FILED**

MAR 08 2013

**INSURANCE COMMISSIONER  
OKLAHOMA**

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

Case No. 13-0182-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. Tiffany Charles (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100113610.

**FINDINGS OF FACT**

1. On December 26, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her amended November 2012 Indiana Lumbermens Mutual Insurance Company report.
2. Respondent submitted with the report an Electronic Funds Transfer (“EFT”) of

Three Dollars (\$3.00).

3. On January 8, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."

4. On February 8, 2013, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, informing Respondent of the charge back and requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter. Respondent signed for the certified letter on February 12, 2013.

5. On February 13, 2013, Respondent replaced the insufficient EFT and paid the service fee owed with money order number 20420260796 in the amount of \$28.00.

#### **CONCLUSIONS OF LAW**

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

#### **ORDER**

**IT IS THEREFORE ORDERED that Tiffany Charles is CENSURED.**

Respondent is further notified that she 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 request a hearing within 30 days of receipt of this Order, this Order

shall become a **FINAL ORDER** on the 31<sup>st</sup> day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 8<sup>th</sup> day of March, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Buddy Combs  
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, with return receipt requested, on this 8<sup>th</sup> day of March, 2013, to:

Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456

Buddy Combs  
Buddy Combs



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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

APR 08 2013

Legal Division

CERTIFIED MAIL



7001 0320 0003 9966 9351

|||||  
 Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456



U.S. POSTAGE PITNEY BOWES  
 ZIP 73112 \$006.570  
 02 1W  
 0001363374MAR 08 2013

~~1st NOTICE  
 2nd NOTICE  
 RETURNED~~  
 3-9  
 3-30

73112@4511

MIXIE 731 DE 1 0104/04/13  
 RECEIVED TO SERVICE  
 BC: 73112451125 \*2457-01930-04-02

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456  
 sms/13-0182-DIS/Cond Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X

B. Received by (Printed Name)

C. Date

APR 08 2013

Legal Division

D. Is delivery address different from item 1?   
 If YES, enter delivery address below:

3. Service Type
- Certified Mail
  - Registered
  - Insured Mail
  - Restricted Delivery? (Extra Fee)
- Express Mail
- Return Receipt for N.C.O.D.

2. Article Number  
 (Transfer from service label)

7001 0320 0003 9966 9351

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)		



Total Postage

Sent To

Street, Apt. N. or PO Box N.

City, State, Z

Tiffany Charles  
 P.O. Box 1456  
 Norman, OK 73070-1456  
 sms/13-0182-DIS/Cond Ord.

PS Form 3800, January 2001

See Reverse for Instructions

