

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JUL 29 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. 13-0691-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 June 17, 2013, Respondent submitted to the Oklahoma Insurance Department ("Department") her May 2013 United States Fire Insurance Company report.

2. Respondent submitted with the report an Electronic Funds Transfer ("EFT") of Two Hundred Ninety-Three Dollars (\$293.00).

3. On June 27, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as “Not Sufficient Funds.”

4. On June 28, 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.

5. On July 5, 2013, Respondent replaced the insufficient EFT and paid the service fee owed with money order number R204783505454 in the amount of \$318.00.

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 56th 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 31st day, and Respondent shall be

CENSURED.

WITNESS My Hand and Official Seal this 21th day of July, 2013.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Buddy Combs

Buddy Combs
Assistant General Counsel
3625 NW 56th 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 21th day of July, 2013, to:

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

Buddy Combs
Buddy Combs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 8389

OFFICIAL MAIL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Tiffany Charles
Street, Apt. or PO Box	P.O. Box 1456
City, State	Norman, OK 73070-1456
	sms/13-0691-DIS/Cond Ord.



PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>T. Charles</u></p> <p>C. Date of Delivery <u>8/16/13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Tiffany Charles P.O. Box 1456 Norman, OK 73070-1456 sms/13-0691-DIS/Cond Ord.</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0004 4249 8389</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-18-00</p>	