

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

AUG 18 2013

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 13-0737-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 Stacy French ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40087375.

**FINDINGS OF FACT**

1. Respondent submitted her June 2013 Allegheny Casualty Company, Crum & Forster Indemnity Company, and Safety National Casualty Corporation reports to the Oklahoma Insurance Department on July 16, 2013. The reports were due on July 15, 2013.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(22) and § 1314 for filing late monthly reports.

**ORDER**

**IT IS THEREFORE ORDERED that Stacy French is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

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> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order. The fine ordered herein shall be due within 30 days after the date this Order becomes a FINAL ORDER.**

WITNESS My Hand and Official Seal this 10<sup>th</sup> day of August, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
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 10<sup>th</sup> day of August, 2013, to:

Stacy French  
1330 N Classen Blvd Ste G40  
OKLAHOMA CITY, OK 73106-6836

  
Buddy Combs

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

7001 0320 0004 4249 9850

OFFICIAL



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

**Total Postage**

Sent To  
 Street, Apt. #  
 or PO Box #  
 City, State, ZIP

**Stacy French**  
**1330 N. Clasen Blvd.**  
**Suite G40**  
**OKC, OK 73106-6836**  
**sms/13-0737-D13/Cond Ord**

PS Form 3800

Reverse for Instructions

**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:

**Stacy French**  
**1330 N. Clasen Blvd.**  
**Suite G40**  
**OKC, OK 73106-6836**  
**sms/13-0737-D13/Cond Ord**

RECEIVED  
 OKLAHOMA INSURANCE

AUG 28 2013

Legal Division

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **Stacy French**  
 C. Date of Delivery **8/26/13**

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7001 0320 0004 4249 9850