

ORDER

IT IS THEREFORE ORDERED that James Manuel is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

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 56th 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 31st 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 16th day of August, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


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, return receipt requested, on this 11th day of August, 2013, to:

James Manuel
1209 S MAIN ST
STILLWATER, OK 74074-5846


Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 9843

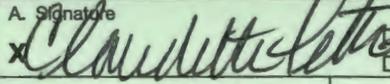
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		



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

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846
sms/13-0738-DIS/Cond Ord

PS Form 3811, February 2004 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  Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0738-DIS/Cond Ord</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">AUG 22 2013</p> <p>Legal Division</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0004 4249 9843</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102585-02-M-1540</p>