

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

FILED

SEP 17 2013

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 13-0739-DIS

**AMENDED 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 Samantha Shepherd (“Shepherd”) is a licensed bail bondsman in the State of Oklahoma holding license number 199750.

FINDINGS OF FACT

1. On June 11, 2013, Respondent was appointed to write bail bonds by power of attorney on behalf of Roche Surety & Casualty Company (“RSCC”).

2. Respondent failed to file with the Insurance Commissioner her June 2013 RSCC surety report, which was due July 15, 2013.

3. On July 16, 2013, as a courtesy, Department staff sent Respondent an email regarding her failure to file the report. On July 22, 2013, Department staff attempted to contact Respondent by telephone, and left a voice message for her on that day. On the same day, Department staff was able to speak with Respondent and inform her of the late report.

4. Respondent filed the report on August 15, 2013.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

ORDER

IT IS THEREFORE ORDERED that Samantha Shepherd is CENSURED.

Respondent is 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 St., Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent’s actions alleged herein and any defenses thereto.**

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.

WITNESS My Hand and Official Seal this 17th day of September, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script, appearing to read "Buddy Combs", written over a horizontal line.

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 *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 17th day of September, 2013, to:

Samantha Shepherd
2018 W 9TH AVE
STILLWATER, OK 74074-5103

And a copy was delivered via E-mail to:

samsrapidrelease@yahoo.com

A handwritten signature in cursive script, appearing to read "Buddy Combs", written over a horizontal line.

Buddy Combs

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

7001 0320 0004 4249 9355

OFFICIAL USE

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



Total Postage Samantha Shepherd
 Sent To 2018 W. 9th Ave.
 Street, Apt. N or PO Box No Stillwater, OK 74074-5103
 City, State, ZI sms/13-0739-DIS/Cond. Ord.

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) C. Date of Delivery Samantha Shepherd 10-7-13</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;"> Samantha Shepherd 2018 W. 9th Ave. Stillwater, OK 74074-5103 sms/13-0739-DIS/Cond. Ord. </div> <p style="text-align: center;">↑ Amanda.</p>	<p>OCT 10 2013</p> <p>Legal Division</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0004 4249 9355</p>	<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>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-02-M-1540</p>