

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

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

FILED

SEP 12 2013

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 13-0885-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 Charles Coleman is a licensed bail bondsman in the State of Oklahoma holding license number 93317.
3. Respondent was appointed to write bail bonds by power of attorney on behalf of Lexington National Insurance Corporation ("LNIC") until July 25, 2013.

FINDINGS OF FACT

1. Respondent's June 2013 LNIC report indicated his total remaining outstanding liability under LNIC was \$178,280.50.
2. Respondent failed to submit to the Insurance Department his July 2013 LNIC report.
3. On August 16, 2013, Department staff sent Respondent an email regarding his failure to

file the report. On August 19 and 21, 2013, Department staff contacted Respondent by telephone.

4. As of the date of this Order, Respondent has not filed the report.

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.

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

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

IT IS FURTHER ORDERED that Charles Coleman shall file his July 2013 LNIC report and pay all associated fees within 30 days of receipt of this Order. If he does not, his license shall be SUSPENDED on the 31st day following receipt, and the suspension shall remain in effect until the report and fees are submitted to the Department.

Respondent is 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,

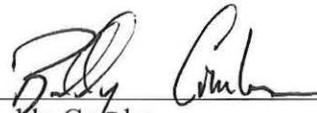
Oklahoma City, Oklahoma 73112, and give an explanation of Respondent's actions alleged herein and any defenses thereto.

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 10th day of September, 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 10th day of September, 2013, to:

Charles Coleman
4321 SE 33RD ST STE 503
DEL CITY, OK 73115-3503



Buddy Combs

9386 9386 4249 4000 0260 7002

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Total Post: Charles Coleman

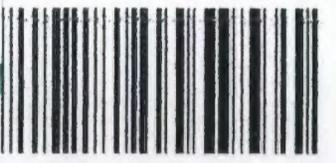
Sent To: 4321 SE 33rd St., Suite 503
Del City, OK 73115-3503
sms/13-0885-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511



CERTIFIED MAIL



7001 0320 0004 4249 9386



U.S. POSTAGE **PITNEY BOWES**
ZIP 73112 \$ **006.57⁰**
02 1W
0001363374 SEP 12 2013

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

NOV 21 2013

Legal Division

Handwritten: hmc 9/13/13 [Signature]

Handwritten: 11-9 11-15



Charles Coleman
4321 SE 33rd St., Suite 503
Del City, OK 73115-3503

NIXIE 731 DE 1700 0011/19/13
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 73112451125 *2557-03440-19-10

73112 04511

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

OFFICIAL USE

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



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

Total Post: Charles Coleman

Sent To: 4321 SE 33rd St., Suite 503
 Del City, OK 73115-3503
 sms/13-0885-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 4249 9386

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:

Charles Coleman
 4321 SE 33rd St., Suite 503
 Del City, OK 73115-3503
 sms/13-0885-DIS/Cond Ord

2. Article Number
 (Transfer from service label)

7001 0320 0004 4249 9386

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 OKLAHOMA INSURANCE
 NOV 21 2013
 Legal Division

