

FILED

AUG 21 2015

INSURANCE COMMISSIONER
OKLAHOMA

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE of OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
v.) Case No. 15-0629-DIS
)
STACY FRENCH, a licensed Bail Bondsman in)
the State of Oklahoma,)
)
Respondents.)

ADMINISTRATIVE ORDER

On August 11, 2015, the above captioned case came on for hearing at the Oklahoma Insurance Department, 3625 N.W. 56th Street, Oklahoma City, Oklahoma 73112 and was concluded on the same day. The Insurance Commissioner appointed the undersigned independent hearing examiner to preside at the hearing as a quasi-judicial officer. The hearing was recorded electronically by employees of the Oklahoma Insurance Department. Petitioner was represented by Assistant General Counsel Matt McKinnon. Respondent Stacy French (“French”) appeared in person and without counsel. Exhibits were received and arguments heard. The hearing examiner finds as follows:

FINDINGS OF FACT

1. The Insurance Commissioner has full power and authority to administer the provisions of the Oklahoma Bail Bond Code, 59 O.S. §§1301-1340. French is a licensed bondsman in the State of Oklahoma holding license number 0040087375.
2. On or about April 71, 2015, Respondent submitted an electronic fee payment EFT) to the Department in the amount of Eight-three Dollars (\$83.00) for payment of her March 2015 Seneca Insurance Company surety monthly report amended 01 renewal and on-line fees.

3. On or about April 21, 2015, Respondent submitted an electronic fee payment (EFT) in the amount of Three Dollars (\$3.00) for payment of her March 2015 Seneca Insurance Company monthly surety report amended 02 amended on-line fees.

4. On or about April 29, 2015, the Department received notice from the Oklahoma State Treasure that he EFTs submitted by Respondent on both April 17, 2015 and April 21, 2015 were returned insufficient funds.

5. On or about May 7, 2015, Department staff notified Respondent of the insufficient funds and informing her of the Twenty-five Dollar (\$25.00) service fee.

6. On or about May 14, 2015, Department staff sent a second notification to Respondent of the insufficient funds an informing her of the Twenty-five Dollar (\$25.00) service fee.

7. On or about May 14, 2015, Respondent responded to the notifications stating she would be in to pay the same day.

8. On or about May 29, 2015, Respondent submitted money order number SM7008103204 in the amount of One Hundred Twenty-eight Dollars (\$128.00) for replacement of the insufficient funds and payment of the service fee.

9. Respondent's administrative history presented as an exhibit in the hearing reflects she has nine (9) unpaid fines with the Department totaling Two Thousand Two Hundred and Fifty Dollars (\$2,250.00).

CONCLUSIONS OF LAW

1. The Commissioner has jurisdiction over this matter pursuant to 59 O.S. § 1302. The proceedings were commenced and conducted in accordance with the applicable provisions of

the Oklahoma Administrative Procedures Act 75 O.S. §§ 250-323, and the Oklahoma Bail Bond Code 59 O.S. §§ 1301-1340. Respondent was afforded an opportunity for hearing after reasonable notice, sufficiently advised of the allegations, the statutes and rules involved, and the time and place of hearing.

2. That testimony and evidence presented find that Respondent has violated 59 O.S. § 1310(A) (2) & (29).

ORDER

IT IS ORDERED that Respondent Stacy French's bail bond license in the State of Oklahoma is hereby **SUSPENDED**. Respondent's license will remain suspended until all unpaid fines are paid in full.

WITNESS My Hand and Official Seal this 14th day of August 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Stephan Mathis
Stephan Mathis
Hearing Examiner

CERTIFICATE OF MAILING

I, hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed postage prepaid with return receipt requested on this 21st day of August, 2015, to:

Stacy French
1330 N. Classen Blvd., Suite G20
Oklahoma City, Oklahoma 73106-6837

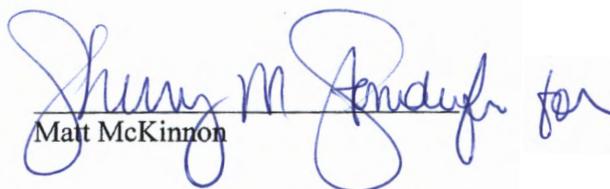
Certified Mail No.
7015 0640 0004 4933 5193

and a copy was sent to:

Oklahoma County District Court
Oklahoma City Municipal Court

Anna Denman, Manager
Oklahoma Insurance Department
Bail Bond Division

Carol Ryan, Supervisor
Oklahoma Insurance Department
Bail Bond Division


Matt McKinnon

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
 \$ 7.45

Total Postage and
 \$ _____

Sent To Stacy French
 1330 N. Classen Blvd., Suite 620
 Street and Apt. No. OKC, OK 73106-6837
 City, State, ZIP+4 sms/15-0629-DIS/Adm Ord

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0004 4933 5193

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Stacy French <input type="checkbox"/> Date of Delivery 8/24/15</p> <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>1. Article Addressed to:</p> <p style="text-align: center;">Stacy French 1330 N. Classen Blvd., Suite 620 OKC, OK 73106-6837 sms/15-0629-DIS/Adm Ord</p> <p style="text-align: center;">9590 9403 0272 5155 0727 82</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7015 0640 0004 4933 5193</p>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 24 2015 Legal Division</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>