

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

FILED
DEC 14 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-1344-DIS
CRISTINA ALFARO, a licensed bail bondsman in the State of Oklahoma,)	
Respondent.)	

**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 Cristina Alfaro (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200295.

FINDINGS OF FACT

1. Respondent submitted her June 2015 Cash report to the Oklahoma Insurance Department (“Department”) on Friday, July 17, 2015 — 2 days after the report was due on Wednesday, July 15, 2015.
2. Respondent submitted her September 2015 Cash report to the Department on Wednesday, October 21, 2015 — 6 days after the report was due on Thursday, October 15, 2015.
3. Respondent submitted her October 2015 Cash report to the Department on Tuesday,

November 17, 2015 — 1 day after the report was due on Monday, November 16, 2015.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A) (24) for failing to file a report as required by Section 1314.
2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”
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 Cristina Alfaro is **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

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 Dan R. Byrd, 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.

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



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

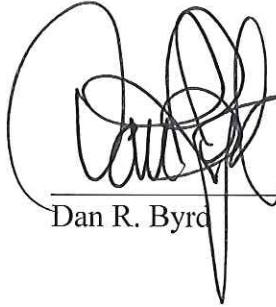
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 14th day of December, 2015, to:

Cristina Alfaro
1511 W. Gore Blvd., Ste 2
Lawton, OK 73501-3662

**CERTIFIED MAIL NO:
7015 0640 0002 7406 3049**



A handwritten signature in black ink, appearing to read 'Dan R. Byrd', is written over a horizontal line. The signature is highly stylized and cursive.

Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

7015 0640 0002 7406 3049

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 48

Total Postage and Fees \$ _____



Sent To
 Street and Apt. No., or PO Box #
 City, State, ZIP+4®

Cristina Alfaro
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
15-1344-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice-12-14-15)

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

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Cristina Alfaro
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
15-1344-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice-12-14-15)



9590 9403 0272 5155 1332 61

2. Article Number (Transfer from service label)

7015 0640 0002 7406 3049

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Cristina Alfaro

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

Cristina Alfaro 12-16-15

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

DEC 21 2015

Legal Division

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
- Insured Mail Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt