# BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

CTATE OF OWLAHOMA	FILED
STATE OF OKLAHOMA, ex rel. JOHN D.	) FED 1 0 2012
DOAK, Insurance Commissioner,	) FEB 1 6 2012
Petitioner,	INSURANCE COMMISSIONER OKLAHOMA
VS.	)
AMY LYNN POINTS, a licensed bail bondsman in the State of Oklahoma,	) CASE NO. 12-0062-DIS
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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
- Respondent Amy Lynn Points ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40091884.

#### **FINDINGS**

1. Respondent failed to file with the Insurance Commissioner her October 2011 and November 2011 cash reports and her November 2011 reports for her appointments with Indiana Lumbermens Mutual Insurance Company and American Surety Company.

### CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B), which states that "[e]very licensed bondsman shall file monthly electronically with the Insurance Commissioner . . . ."

#### **ORDER**

## IT IS THEREFORE ORDERED that Amy Lynn Points is hereby censured.

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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order and Respondent shall be censured.

WITNESS My Hand and Official Seal this 16th day of February, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Michael P. Copeland Assistant General Counsel 3625 NW 56<sup>th</sup> Street, Suite 100 Oklahoma City, Oklahoma, 73112

Tel. (405) 521-2746

Fax (405) 521-0125

# CERTIFICATE OF SERVICE

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 \_\_\_\_\_ day of February, 2012, to:

Amy Lynn Points 313 State Street Muskogee, OK 74401-6350

Michael P. Copeland

260	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com		
נט			
0.5	OFFICIAMENTALSE		
9	Postage \$	(	The standard was
L	Certified Fee	FFR	1 6 2012 <sub>mark</sub>
000	Return Receipt Fee (Endorsement Required)	1	Here
2760	Restricted Delivery Fee (Endorsement Required)	( Con	73/
L7	Total Postr		
9002	Sent To Amy Lynn Points  Street, Apt. 1  Street, Apt. 1		
The state of the s			
	City, State, 2 sms/12-0062-DIS/Cond. Ord.		
	PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we car return the card to you.</li> <li>Attach this call I to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery		
Article Addressed to:  OKLAH	D. Is delivery address different from item 1?  If RESE, Walter delivery address below:  No MAINSURANCE DEPARTMENT		
Amy Lynn Points 313 State Street	FEB 2 3 2012		
Muskogee, Ok 74401-6350 sms/12-0062-DIS/Cond. Ord.	3. Segnide TABEN  Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7006 2:	760 0005 6605 5560		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154			