

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

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

FILED
FEB 16 2012
INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 12-0103-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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
2. Respondent William Matthew Butler (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199477.

FINDINGS

1. Respondent failed to file with the Insurance Commissioner his December 2011 monthly report for his appointment with American Contractors Indemnity 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 William Matthew Butler is hereby censured.


Respondent is further 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112, and **shall provide explanation for 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 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

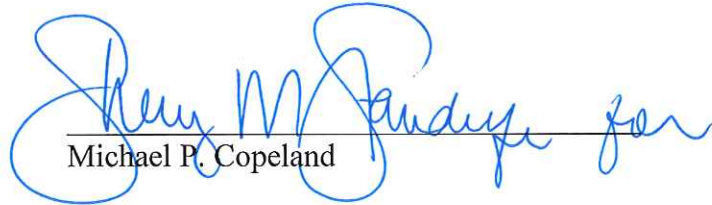


Michael P. Copeland
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

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 16th day of February, 2012, to:

William Matthew Butler
110 E. 8th Street
Okmulgee, OK 74447-4612

A handwritten signature in blue ink, appearing to read "Ray M. Jandrye for", is written over a horizontal line. Below the line, the name "Michael P. Copeland" is printed in black text.

Michael P. Copeland

7006 2760 0005 6605 5515

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 Street, Apt. or PO Box
 City, State

William Matthew Butler
 110 E. 8th Street
 Okmulgee, Ok 74447-4612
 sms/12-0103-DIS/Cond. Ord.

PS Form 3800, August 2006 See Reverse for Instructions

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:

William Matthew Butler
 110 E. 8th Street
 Okmulgee, Ok 74447-4612
 sms/12-0103-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William Butler* Agent Addressee

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

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 01 2012
 Legal Division

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0005 6605 5515