

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

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

FILED
MAR 17 2012
INSURANCE COMMISSIONER
OKLAHOMA

Case No. 12-0161-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. Margaret L. Knight (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200028.

FINDINGS OF FACTS

1. On January 17, 2012, Respondent submitted an insufficient electronic funds transfer (“EFT”) to the Oklahoma Insurance Department (“Department”) in the amount of \$211.50 for payment of December 2011 reviewal fees.

2. On January 31, 2012, the Department sent a letter to Respondent, via certified mail,

informing Respondent of the unpaid amount and the \$25.00 service fee being assessed. The letter also instructed that \$211.50 for the amount of the EFT and \$25.00 for the service fee, for a total of \$236.50, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter. Knight received this letter on February 2, 2012.

3. On February 6, 2012, Knight sent the Department a cashier's check number 102333 in the amount of \$236.50.

CONCLUSION OF LAW

Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Insurance Commissioner.

ORDER

IT IS THEREFORE ORDERED that Margaret L. Knight 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 Insurance Department shall conduct a hearing before an independent hearing examiner in accordance with the Bail Bond Code, OKLA. STAT. tit. 59, §§ 1301 et seq., and the Oklahoma Administrative Procedures Act, OKLA. STAT. tit. 75, §§ 301 et seq. 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 state the basis for requesting the hearing. **Such written request shall include an explanation of Respondent's actions described herein and any defenses thereof.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall be

a FINAL ORDER on the 31st day following the receipt of the Order, and Margaret L. Knight shall be censured.

WITNESS My Hand and Official Seal this 13th day of March, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Michael P. Copeland", is written over a horizontal line.

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 12th day of March, 2012, to:

Margaret Knight
3700 Newcastle Road
Oklahoma City, OK 73119-1211


Sherry Standerfer

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

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OFFICIAL USE

7006 2760 0005 6605 5959

Postage \$			Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To	Margaret Knight		
Street, Apt. No or PO Box No.	3700 Newcastle Road		
City, State, ZIP	OKC, Ok 73119-1211		
	sms/12-0161-DIS/Cond. Ord.		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature x <i>M J Knight</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery <i>M L KNIGHT</i> <i>3/13/12</i></p> <p><i>RECEIVED</i> <i>LEGAL DIVISION</i> MAR 15 2012 <i>Legal Division</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> Margaret Knight 3700 Newcastle Road OKC, Ok 73119-1211 sms/12-0161-DIS/Cond. Ord. </div>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7006 2760 0005 6605 5959</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	