

informing Respondent of the unpaid amount and the \$25.00 service fee being assessed. The letter also instructed that \$3.00 for the amount of the EFT and \$25.00 for the service fee, for a total of \$28.00, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter. Dillard received this letter on February 3, 2012.

3. On February 8, 2012, Dillard sent the Department a money order number R20384495343 in the amount of \$28.00.

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 Jill Dillard 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 Jill Dillard shall be censured.

WITNESS My Hand and Official Seal this 12th day of March, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Michael P. Copeland", 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:

Jill Dillard
111 S. Payne Street
Stillwater, OK 74074-6215

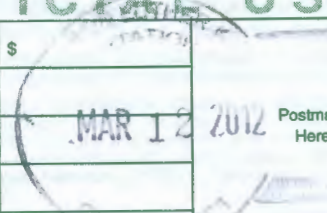

Sherry Standerfer

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
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Total Postage			
Sent To Jill Dillard 111 S. Payne Street Stillwater, Ok 74074-6215 sms/12-0198-DIS/Cond. Ord.			
Street, Apt. No., or PO Box No.			
City, State, ZIP+			

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:

Jill Dillard
 111 S. Payne Street
 Stillwater, Ok 74074-6215
 sms/12-0198-DIS/Cond. Ord.

2. Article Number

(Transfer from service label)

7006 2760 0005 6605 5966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Jill Dillard
 C. Date of Delivery
 MAR 19 2012

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAR 19 2012

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

4. Restricted Delivery? (Extra Fee)
 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540