

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

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

Case No. 12-0227-DIS

FILED
MAR 13 2012
INSURANCE COMMISSIONER
OKLAHOMA

**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 David Lee Jackson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40123678.

FINDINGS

1. Respondent submitted an inaccurate January 2012 monthly bondsman report for his appointment with Allegheny Casualty Company.
2. Respondent’s December 2011 report indicated a Total Remaining Outstanding Liability of \$83,240.00. However, Respondent’s January 2012 report indicated Current Liabilities Brought Forward of \$86,740.00.

3. On February 16, 2012, Oklahoma Insurance Department (“Department”) staff sent an email to Respondent, at his email address of record, informing him of the discrepancy between his December 2011 and January 2012 reports, and instructing him to submit an amended January 2012 report no later than February 21, 2012. Respondent did not respond this email.

4. As of the date of the Conditional Order, Respondent has not amended his inaccurate January 2012 report.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1310(A)(23) by filing a materially untrue monthly report. For such a violation, “the Insurance Commissioner may deny, censure, suspend, revoke, or refuse to deny any license issued” under the Oklahoma Bail Bond Act. 59 O.S. § 1310(A).

ORDER

IT IS THEREFORE ORDERED that David Lee Jackson 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 12th day of March, 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 13th day of March, 2012, to:

David Lee Jackson
406 S Boulder Avenue, Suite 470
Tulsa, OK 74103

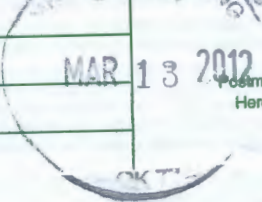

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Sent To David Lee Jackson 406 S. Boulder Ave., Suite 470 Tulsa, Ok 74103 sms/12-0227-DIS/Cond. Ord.		
PS Form 3800, August 2006		See Reverse for Instructions

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:

David Lee Jackson
 406 S. Boulder Ave., Suite 470
 Tulsa, Ok 74103
 sms/12-0227-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 MAR 19 2012

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 6062**