

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

FILED
MAR 27 2012
INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-0259-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. Patricia Thatcher (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40053191.

FINDINGS OF FACTS

1. On February 9, 2012, Respondent submitted an insufficient electronic funds transfer (“EFT”) to the Oklahoma Insurance Department (“Department”) in the amount of \$3.00 for payment of her October 2011 U.S. Fire Insurance Company report renewal fees and ok.gov fee.
2. On February 22, 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 \$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.

3. Respondent received the letter on February 24, 2012.
4. As of the date of this Conditional Order, the funds have not been replaced.

CONCLUSION OF LAW

Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Insurance Commissioner. Respondent has acted in violation of 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

ORDER

IT IS THEREFORE ORDERED that Patricia Thatcher is fined Two Hundred Fifty Dollars (\$250.00).

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. 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 the fine ordered

herein shall be due.

WITNESS My Hand and Official Seal this 27th day of March, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

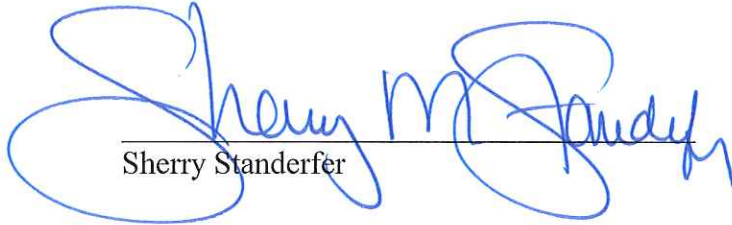
A handwritten signature in blue ink, appearing to read "Michael P. Copeland", written over a horizontal line.

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 27th day of March, 2012, to:

Patricia Thatcher
1209 S Main Street
Stillwater, OK 74074-5846



Sherry Standerfer

7006 2760 0005 6605 6604

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	Postmark Here MAR 27 2012
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To		
Patricia Thatcher		
1209 S. Main Street		
Stillwater, Ok 74074-5846		
sms/12-0259-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 <i>Patricia Thatcher</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>P. Thatcher</i></p> <p>C. Date of Delivery <i>3/29/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Patricia Thatcher 1209 S. Main Street Stillwater, Ok 74074-5846 sms/12-0259-DIS/Cond. Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT APR 02 2012 Legal Division</p>
	<p>3. Service Type <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2760 0005 6605 6604</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540