

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

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

Case No. 12-0321-DIS

FILED

APR 27 2012

**CONDITIONAL ORDER OF CENSURE
AND NOTICE OF RIGHT TO BE HEARD**

INSURANCE COMMISSIONER
OKLAHOMA

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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. Billy Wayne Dismuke (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 144708.

FINDINGS OF FACT

1. On January 17, 2012, Respondent submitted to the Insurance Department the following insufficient funds via electronic funds transfers:

\$3.00 November 2011 Safety National report reviewal fee
\$542.00 December 2011 Safety National report reviewal fee
\$3.00 December 2011 Fairmont Specialty report reviewal fee

2. On January 31, 2012, Department staff mailed a letter, via certified mail, to Respondent's proper address of record requesting that the funds be replaced and a service fee of \$25 for each insufficient funds submission, for a total of \$623, be paid within five days from receipt of the letter.

3. The letter was returned unclaimed by USPS on March 28, 2012.

4. On April 11, 2012, Department legal staff spoke with Respondent to encourage him to replace the insufficient funds and the service fees immediately. Respondent stated that the funds would be replaced by the end of the business day on April 13, 2012.

5. Respondent replaced the funds on April 13, 2012.

6. Respondent has a history of submitting insufficient funds to the Department.

7. Respondent has a history of failing to retrieve properly sent mail from the Department.

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 Billy Wayne Dismuke is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00), due and payable to the Insurance Department within 30 days of receipt of this Order.

IT IS FURTHER ORDERED that this Order constitutes disciplinary action and may be used in any subsequent hearings by the insurance Department. In the event other misconduct is reported to the Department, this Order may be used as evidence against Respondent to establish a pattern of

behavior and for the purpose of proving additional acts of misconduct.

Respondent is 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to pay the fine or request a hearing within 30 days of receipt of this Order, Respondent's license shall be **SUSPENDED** on the 31st day following receipt of the Order. 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.

WITNESS My Hand and Official Seal this 23 day of April, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

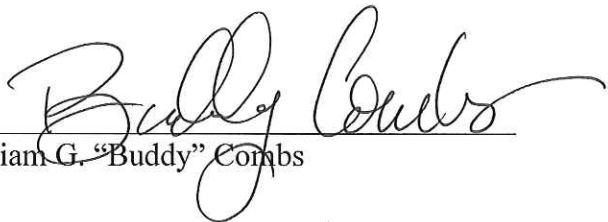
A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

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 27th day of April, 2012, to:

Billy Dismuke
217 N. Harvey Ave., Suite 203
Oklahoma City, OK 73102-3803



William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0004 4250 2062

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage

Sent To
 Billy Dismuke
 217 N. Harvey Ave., Suite 203
 OKC, OK 73102-3803
 sms/12-0321-DIS/Cond. Ord.

PS Form 3800, January 2001 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MAY 09 2012</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No OKLAHOMA INSURANCE DEPARTMENT</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> Billy Dismuke 217 N. Harvey Ave., Suite 203 OKC, OK 73102-3803 sms/12-0321-DIS/Cond. Ord. </div>	<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>7001 0320 0004 4250 2062</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	