

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

FILED

SEP 10 2012

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-0815-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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. Victoria Lehman (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40001408.

FINDINGS OF FACT

1. On July 16, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her June 2012 International Fidelity Insurance Company report.
2. With this report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$10.99. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”
3. On August 3, 2012, Department staff sent Respondent an email and a letter, via

certified mail, requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter. Respondent signed for the letter on August 7, 2012.

4. On August 28, 2012, three weeks after Respondent signed for the certified letter, Department staff contacted Respondent by telephone. Respondent stated that she forgot to replace the insufficient EFT and would do so immediately.

5. On September 4, 2012, Respondent replaced the insufficient EFT and paid the \$25 service fee with a money order.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

2. Respondent has violated 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 Victoria Lehman is CENSURED.

Respondent is notified that, pursuant to 59 O.S. § 1310(B), the future submission of insufficient funds to the Department is likely to result in a fine of not less than \$250 but not more than \$2,500 for each violation.

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 Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to 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 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 10th day of September, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Buddy Combs".

William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF MAILING

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 10th day of September, 2012, to:

Victoria Lehman
5920 N. Lewis Ave.
Tulsa, OK 74130-1517



William G. "Buddy" Combs

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

7001 0320 0003 9967 8391

OFFICIAL MAIL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	
Sent To	Victoria Lehman
Street, Apt or PO Box	5920 N. Lewis Ave.
City, State	Tulsa, Ok 74130-1517
	sms/12-0815-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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Victoria Lehman</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Victoria Lehman</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Victoria Lehman 5920 N. Lewis Ave. Tulsa, Ok 74130-1517 sms/12-0815-DIS/Cond. Ord.</p> </div> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT SEP 21 2012 Legal Division</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 0003 9967 8391</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	