

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

FILED

OCT 04 2012

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-0877-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. Cristina Alfaro (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200295.

FINDINGS OF FACT

1. On July 16, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her June 2012 Cash report.

2. With this report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$3.00. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”

3. On September 13, 2012, Department staff sent Respondent 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 received the letter on September 17, 2012.

4. On September 20, 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.

ORDER


IT IS THEREFORE ORDERED that Cristina Alfaro is 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 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 4th day of October, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




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 4th day of October, 2012, to:

Cristina Alfaro
1511 W. Gore Blvd., Suite 2
Lawton, OK 73501-3662



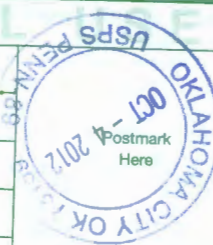
William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0003 9967 8636

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



Total Post

Sent To: **Cristina Alfaro**

Street, Apt. or PO Box #: **1511 W. Gore Blvd., Suite 2**

City, State, ZIP+4: **Lawton, Ok 73501-3662**

Additional Recipient Information: **sms/12-0877-DIS/Cond. Ord.**

PS Form 3800, January 2001 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: **OKLAHOMA INSURANCE DEPARTMENT**

Cristina Alfaro
 1511 W. Gore Blvd., Suite 2
 Lawton, Ok 73501-3662
 sms/12-0877-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **Cristina Alfaro** Agent Addressee

B. Received by (Printed Name): **Cristina Alfaro** C. Date of Delivery: **10/5/12**

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

RECEIVED OCT 10 2012
 Legal Division

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) **7001 0320 0003 9967 8636**