

**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. )

**FILED**  
DEC 21 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. §§ 101-7301, 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 September 25, 2012, Respondent submitted to the Oklahoma Insurance Department ("Department") four amended August 2012 Safety National Casualty Corporation surety reports. With each report, Respondent submitted an Electronic Funds Transfer (EFT) of \$3.00. All four EFT's were charged back to the Department as "Insufficient Funds."

2. On November 9, 2012, the Department sent Respondent a letter, via certified mail, requesting that the funds be replaced and a service fee of \$25.00 be paid for each EFT within five days of receipt of the letter. Respondent signed for the certified letter on November 13, 2012.

3. On November 26, 2012, Respondent replaced each insufficient EFT and paid the service fee owed for each with money order number 7004928776.

**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 Billy Wayne Dismuke is CENSURED.**


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 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order.

WITNESS My Hand and Official Seal this 21<sup>st</sup> day of December, 2012.




JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Order of Censure and Notice of Right to be Heard* was mailed certified, return receipt requested on this 21<sup>st</sup> day of December, 2012, to:

Billy Dismuke  
7204 NW 121<sup>st</sup> Street  
Oklahoma City, OK 73162-1664

  
\_\_\_\_\_  
William G. "Buddy" Combs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Billy Dismuke 7204 NW 121st Street OKC, OK 73162-1664 sms/12-1037-DIS/Cond. Ord.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7001 0320 0003 9967 7967		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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

7001 0320 0003 9967 7967

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>		
Sent To		
Billy Dismuke 7204 NW 121st Street OKC, OK 73162-1664 sms/12-1037-DIS/Cond. Ord.		
Street, or PO Box		
City, State		

PS Form 3800, January 2001 See Reverse for Instructions