

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

DEC 21 2012

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 12-1039-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. Earl Eugene Points ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 200112.

FINDINGS OF FACT

1. Respondent is appointed to write bail bonds in the State of Oklahoma by power of attorney on behalf of Indiana Lumbermens Mutual Insurance Company ("ILMIC") and American Surety Company ("ASC"). Respondent has several bondsmen working out of his office who also have appointments with these companies

2. On October 17, the bondsmen working out of Respondent's office filed reports with the Oklahoma Insurance Department ("Department").

3. The fees associated with these reports, which are detailed below, were paid by Respondent.

Bondsman	Company	Month	EFT Amount
Earl Points	ILMIC	September 2012	\$521.13
Earl Points	ASC	September 2012	\$3.00
Monica Reese	ILMIC	September 2012	\$959.10
Jessica Biggers	ASC	September 2012	\$3.00
Jessica Biggers	ILMIC	September 2012	\$3.00
Shelly Arterburn	ASC	September 2012	\$3.00
Shelly Arterburn	ILMIC	September 2012	\$61.21
Amy Points	ASC	September 2012	\$3.00
Amy Points	ILMIC	September 2012	\$3.00
Tiffany Charles	ILMIC	September 2012	\$9.00

4. With each report, Respondent submitted an Electronic Funds Transfer (“EFT”) as shown above.

5. On October 22, 2012, Respondent contacted the Department and advised that these funds would be returned as insufficient and offered to replace the funds at that time. The Department requested that he wait until he received notice from the Department.

6. On October 25, 2012 the Oklahoma State Treasurer charged each EFT, totaling \$1568.44, back to the Department as “Insufficient Funds.”

7. On November 13, 2012, the Department sent an email to Respondent advising that the funds had been returned and requesting the funds be replaced and a service fee of \$25 be paid for each EFT within five days of receipt of the email.

8. On November, 26, 2012, Respondent replaced all insufficient EFT’s and paid all associated service fees owed with four money orders totaling \$1818.44.

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 Earl Eugene Points is CENSURED.

Respondent is further 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 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 21st day of December, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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) 522-0125

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 2nd day of December, 2012, to:

Gene Points
313 State Street
Muskogee, OK 74401-6350



William G. "Buddy" Combs

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Gene Points 313 State Street Muskogee, Ok 74401-6350 sms/12-1039-DIS/Cond. Ord.</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT DEC 20 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) 7001 0320 0003 9967 7936</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
OFFICIAL USE											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage		
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Restricted Delivery Fee (Endorsement Required)											
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<p>Sent To</p> <p>Street, Apt. No. or PO Box No.</p> <p>City, State, Zip</p>	<p>Gene Points 313 State Street Muskogee, Ok 74401-6350 sms/12-1039-DIS/Cond. Ord.</p>										
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>											