

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

DEC 14 2012

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 12-1064-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. Katie Hazelwood (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199979.

**FINDINGS OF FACT**

1. On October 18, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her September 2012 Safety National Casualty Corporation (“SNCC”) report and amended September SNCC report. With the reports, Respondent submitted two Electronic Funds Transfers (“EFT”) of \$11.00 and \$3.00. The Oklahoma State Treasurer charged both EFTs back to the Department as “Insufficient Funds.”

2. On November 26, 2012, Department staff sent Respondent a letter, via certified mail,

requesting that the funds be replaced and a service fee of \$25.00 for each insufficient EFT be paid within five days of receipt of the letter.

3. On December 3, 2012, Respondent replaced both insufficient EFTs and paid a \$25 service fee for both with two money orders.

### CONCLUSIONS OF LAW

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

### ORDER

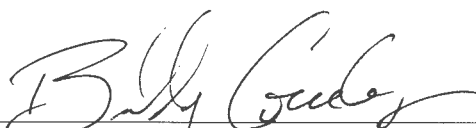
**IT IS THEREFORE ORDERED that Katie Hazelwood is CENSURED.**

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

WITNESS My Hand and Official Seal this 14<sup>th</sup> day of December, 2012.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



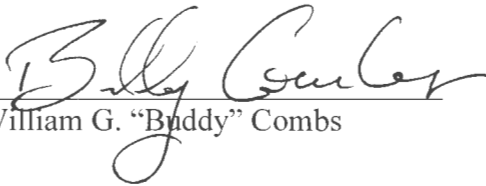
  
William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746

**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 14<sup>th</sup> day of December, 2012, to:

Katie Hazelwood  
1000 SW 100<sup>th</sup> Cir.  
Oklahoma City, OK 73139-2923

Certified Mail No.  
7001 0320 0003 9967 8094

  
William G. "Buddy" Combs

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

7001 0320 0003 9967 8094

OFFICIAL USE

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



**Total Po**

Sent To: **Katie Hazelwood**

Street, Ap or PO Box: **1000 SW 100th Circ.**

City, State: **OKC, Ok 73139-2923**

**sms/12-1064-DIS/Order**

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

**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:

**Katie Hazelwood**  
**1000 SW 100th Circ.**  
**OKC, Ok 73139-2923**  
**sms/12-1064-DIS/Order**

2. Article Number  
 (Transfer from service label)

7001 0320 0003 9967 8094

PS Form 3811, February 2004 Domestic Return

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **Terry Jones**  Agent  Addressee

B. Received by (Printed Name): **Terry Jones** C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

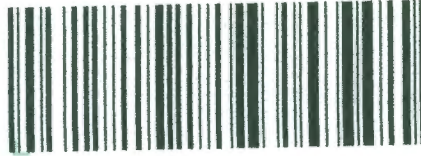
4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 JAN 15 2013  
 Legal Division



**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 NW 56th Street, Suite 100  
 Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



7001 0320 0003 9967 8094



U.S. POSTAGE  
 ZIP 73112 \$  
 02 1W  
 0001363374D

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

JAN 15 2013

*Handwritten:*  
 Legal Division  
 3905  
 12-15



Katie Hazelwood  
 1000 SW 100th Circ.  
 OKC, Ok 73139-2923

NIXIE 731 DE 1 01 01/10/1

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 73112451125 \*2457-02109-10-4

73112@4511

