

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

**FILED**

DEC 17 2012

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, )  
Insurance Commissioner, )

Petitioner, )

vs. )

TIMOTHY PEARSON, a licensed bail bondsman )  
in the State of Oklahoma, )

Respondent. )

Case No. 12-1091-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. Timothy Pearson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199119.

**FINDINGS OF FACT**

1. On November 10, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) his October 2012 American Contractors Indemnity Company report.

2. With this report, Respondent submitted an Electronic Funds Transfer (“EFT”) of \$226.30. The Oklahoma State Treasurer charged the EFT back to the Department as “Insufficient Funds.”

3. On December 5, 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 certified letter on December 7, 2012.

4. Respondent replaced the insufficient EFT and paid the service fee owed with two money orders on December 10, 2012.

**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 Timothy Pearson 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 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 does not request a hearing within the 30 days allotted, 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 17<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  
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 17th day of December, 2012, to:

Timothy Pearson  
P.O. Box 2982  
Lawton, OK 73502-2982

  
\_\_\_\_\_  
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 X <i>Tim Pearson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name) X <i>Tim Pearson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
2. Article Number (Transfer from service label)		C. Date of Delivery <i>12/19/12</i>	
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		RECEIVED DEC 21 2012 LEGAL DIVISION DEC 19 2012 LAWTON OK 73501-8998	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;">             Timothy Pearson              P.O. Box 2982              Lawton, Ok 73502-2982              sms/12-1091-DIS/Cond. Ord.           </div>		Legal Division	
2. Article Number (Transfer from service label)		7001 0320 0003 9967 8063	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Timothy Pearson P.O. Box 2982 Lawton, Ok 73502-2982 sms/12-1091-DIS/Cond. Ord.
Street, Apt. or PO Box	
City, State	
POSTMARK DEC 17 2012 LAWTON, OK STATE ST USPO	
PS Form 3811, February 2004	See Reverse for Instructions

7001 0320 0003 9967 8063