

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

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

FILED
JAN 02 2013
INSURANCE COMMISSIONER
OKLAHOMA

Case No. 12-1130-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. Martha Donelson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 121794.

FINDINGS OF FACT

1. On November 15, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her October 2012 Cash report. With the 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.”

2. On December 5, 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. Respondent signed for the certified letter on December 10, 2012.

3. On December 18, 2012, Respondent replaced the insufficient EFT and paid a \$25 service fee with a money order in the amount of \$28.00.

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 Martha Donelson 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.**

WITNESS My Hand and Official Seal this 2nd day of January, 2013.



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) 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 January, 2013, to:

Martha Donelson
107 N 4th St. Suite 214
Ponca City, OK 74601-4510



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. 	A. Signature x <i>Tasha Fox</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (<i>Printed Name</i>) <i>Tasha Fox</i>	C. Date of Delivery <i>1/9/13</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Martha Donelson 107 N. 4th St., Suite 214 Ponca City, Ok 74601-4510 sms/12-1130-DIS Cond Ord </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: OKLAHOMA INSURANCE DEPARTMENT JAN 14 2013	
	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.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7001 0320 0003 9967 3020	
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)	Postmark Here OKLAHOMA CITY JAN - 2 2013 3159
Total Postage Sent To Street, Apt. No. or PO Box No. City, State, ZIP	Martha Donelson 107 N. 4th St., Suite 214 Ponca City, Ok 74601-4510 sms/12-1130-DIS Cond Ord
PS Form 3800, January 2001 See Reverse for Instructions	