

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JAN 24 2013

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

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 13-0039-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. Samantha Shepherd (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199750.

FINDINGS OF FACT

1. On December 5, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) her November 2012 United States Fire Insurance Company report.
2. Respondent submitted with the report an Electronic Funds Transfer (“EFT”) of Three Dollars (\$3.00). On December 17, 2012, the Oklahoma State Treasurer charged the EFT back to the Department as “Not Sufficient Funds.”
3. On January 7, 2013, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, informing Respondent of the charge back and 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 January 12, 2013.

4. On January 17, 2012, Respondent replaced the insufficient EFT and paid the service fee owed with money order number 20299368666 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 Samantha Shepherd 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.

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 24th day of January, 2013.




JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

William G. Combs
William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th 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, with return receipt requested, on this 24th day of January, 2013, to:

Samantha Shepherd
2018 W 9th Ave.
Stillwater, OK 74074-5103



William G. "Buddy" Combs

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

7001 0320 0003 9967 2597

OFFICIAL RECEIPT

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To _____

Street, Apt. No. or PO Box No. _____

City, State, Zip _____

Samantha Shepherd
2018 W. 9th Ave.
Stillwater, Ok 74074-5103
sms/13-0039-DIS/Cond. Ord.

PS Form 3800, January 2004 Use for Instructions



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: **Samantha Shepherd**
2018 W. 9th Ave.
Stillwater, Ok 74074-5103
sms/13-0039-DIS/Cond. Ord.

2. Article Number (Transfer from service label) **7001 0320 0003 9967 2597**

RECEIVED
OKLAHOMA INSURANCE
JAN 29 2013
Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

