

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

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

FILED

FEB 12 2013

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 13-0115-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. John Welch (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200051.

FINDINGS OF FACT

1. On December 16, 2012, Respondent submitted to the Oklahoma Insurance Department (“Department”) his November 2012 International Fidelity Insurance Company (“IFIC”) report.
2. With the report, Respondent submitted an Electronic Funds Transfer (“EFT”) of Eighty-Eight Dollars and Thirty-Two Cents (\$88.32).
3. On December 17, 2012, Respondent submitted to the Department his Amended

November 2012 IFIC report.

4. With the report, Respondent submitted an EFT of Three Dollars (\$3.00).

5. The Oklahoma State Treasurer charged each EFT back to the Department as “Not Sufficient Funds.”

6. 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 for each EFT within five days of receipt of the letter. Respondent signed for the certified letter on January 18, 2013.

7. As of the date of this Order, Respondent has not replaced either insufficient EFT.

CONCLUSIONS OF LAW

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

2. Respondent has violated 59 O.S. § 1310(A)(21) by failing to respond to a properly mailed notification within a reasonable amount of time.

ORDER

IT IS THEREFORE ORDERED that John Welch is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that John Welch shall replace each insufficient EFT and pay the service fees owed. The total amount owed to the Department in this case, independent of the fine ordered above, is One Hundred Forty-One Dollars and Thirty-Two Cents (\$141.32).

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 fails to either (1) replace the EFT and pay the service fee owed **OR** (2) request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day, **Respondent's license shall be SUSPENDED**, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 12th day of February, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

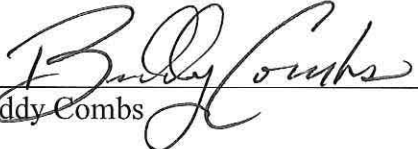


William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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, with return receipt requested, on this 12th day of February, 2013, to:

John Welch
P.O. Box 1859
Claremore, OK 74018-1859


Buddy Combs

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

7001 0320 0003 9967 2214

OFFICIAL USE

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

Sent To: **John Welch**
P.O. Box 1859
Claremore, Ok 74018-1859
sms/13-0115-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center;">John Welch P.O. Box 1859 Claremore, Ok 74018-1859 sms/13-0115-DIS/Cond. Ord.</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>John Welch</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>John Welch</i></p> <p>C. Date of Delivery <i>2-19-13</i></p> <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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7001 0320 0003 9967 2214</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	