BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

ORDER LIFTING	G SUPSENSION INSURANCE COMMISSION	ONER
Respondent.) MAR 2 ? 2013	
JOHN WELCH, a licensed bail bondsman in the State of Oklahoma,	Case No. 13-0115-DIS FILED	
vs.) 0 N 12 0115 DIG	
Petitioner,)	
STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,).))	

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through Assistant General Counsel Buddy Combs, and states as follows:

- 1. On March 22, 2013, John Welch's bail bond license was suspended in 13-0115-DIS due to his failure to replace two insufficient electronic funds transfers to the Commissioner.
- 2. Welch has replaced all of the outstanding fees he owed to the Commissioner in this case.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that suspension of Welch's bail bond license is hereby lifted.

WITNESS My Hand and Official Seal this day of March, 2013.

JOHN D. DOAK INSURANCE COMMISSIONER

STATE OF OKLAHOMA

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 Order Lifting Suspension was mailed by certified mail with postage prepaid and return receipt requested on this day of March, 2013, to:

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

and a copy was delivered by electronic mail to:

Bail Bond Division Oklahoma Insurance Department

and

Kim Henry Rogers County Court Clerk

Brenda Haggard Deputy Rogers County Court Clerk

Cathy Guyer Oklahoma Bondsman Association

Buddy Combs

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
8996	OFF	ICIAL	USE		
7001 0320 0003 9966	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Post Sent To Street, Apt. or PO Box City, State, PS Form 3800, January 20	John Welch P.O. Box 1859 nore, Ok 74018-18 -0115-DIS/Ord	Postmark Here 59 Lift erse for Instructions		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 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 Agent Addressee (B. Received by (Printed Name) C. Date of Delivery			
d Add Add III	D. Is delivery address different from item 1? Yes DEPARTES Uniter delivery address below: No			
John Welch P.O. Box 1859 Legal Divisor	2013			
Claremore, Ok 74018-1859 sms/13-0115-DIS/Ord Lift	3 Seprice Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label) 7001 0320 0003 7766 8776				
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540				