

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAR 08 2013

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

Petitioner,)

vs.)

ALECIA THOMAS, a licensed bail bondsman in the)
State of Oklahoma,)

Respondent.)

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 13-0181-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. Alecia Thomas (“Respondent”) is a licensed bail bondsman in the State of
Oklahoma holding license number 40161784.

FINDINGS OF FACT

1. On January 12, 2013, Respondent submitted to the Oklahoma Insurance
Department (“Department”) her December 2012 Safety National Casualty Corporation (“SNCC”) and Seneca Insurance Company (“SIC”) reports.

2. Respondent submitted with the reports two Electronic Funds Transfers (“EFT”) of

Three Dollars (\$3.00) (SNCC) and One Hundred Seven Dollars and Twenty-Seven Cents (\$107.27) (SIC).

3. On January 24, 2013, the Oklahoma State Treasurer charged the EFTs back to the Department as “Not Sufficient Funds.”

4. On February 8, 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 February 11, 2013.

5. On February 13, 2013, Respondent replaced the insufficient EFTs and paid the service fees owed with money orders numbers 20457658265 and 20457658266.

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 Alecia Thomas 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 8th day of March, 2013.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Buddy Combs
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 8th day of March, 2013, to:

Alecia Thomas
2400 Creston Dr.
Oklahoma City, OK 73111-3540

Buddy Combs
Buddy Combs

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL MAIL	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Alecia Thomas
Street, Apt. No. or PO Box No.	2400 Creston Dr.
City, State, ZIP	OKC, Ok 73111-3540
	sms/13-0181-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>A. Signature <input checked="" type="checkbox"/> <i>Alecia Thomas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Alecia Thomas 2400 Creston Dr. OKC, Ok 73111-3540 sms/13-0181-DIS/Cond. Ord.</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 18 2013 Legal Division</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0003 9966 9320</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540