BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)	MAR 08 2013
Insurance Commissioner, Petitioner,)	INSURANCE COMMISSIONER
VS.)	Case No. 13-0183-DIS OKLAHOMA
ALICIA KNOX, a licensed bail bondsman in the)	
State of Oklahoma,)	
Respondent.)	

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. Alicia Knox ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 40140364.

FINDINGS OF FACT

- 1. On January 15, 2013, Respondent submitted to the Oklahoma Insurance Department ("Department") her December 2012 Allegheny Casualty Company report.
- 2. Respondent submitted with the report an Electronic Funds Transfer ("EFT") of Six Dollars and Seventy-Six Cents (\$6.76).
- 3. On January 28, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."
- 4. On February 8, 2013, Department staff sent Respondent a letter by email 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.

5. On February 13, 2013, Respondent replaced the insufficient EFT and paid the service fee owed.

CONCLUSIONS OF LAW

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

<u>ORDER</u>

IT IS THEREFORE ORDERED that Alicia Knox 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

day of March, 2013.

IN ST

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

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 day of March, 2013, to:

Alicia Knox 217 N. Harvey Ave., Suite 404 Oklahoma City, OK 73102-3802

Buddy Combs

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9368	OFFICIAL USE				
9966	Postage \$ Certified Fee				
E000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)				
7001 0350	Sent To Sent To Alicia Knox 217 N. Harvey Ave., Suite 404 Street, Apt. No. or PO Box No. City, State, ZiF Sms/13-0183-DIS/Cond. Ord.				
***************************************	PS Form 3800, January 2001 See Reverse for Instructions				

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. 1. Article Addressed to: OKLAHOMA INSU Alicia Knox 217 N. Harvey Ave., Suite 404 OKC, Ok 73102-3802 sms/13-0183-DIS/Cond. Ord.	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
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2. Article Number (Transfer from service label) 7 0 0 1 0 3	20 0003 9966 9368		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154			