

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

MAR 08 2013

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 13-0184-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. Jason Woodard ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 199501.

FINDINGS OF FACT

1. On January 15, 2013, Respondent submitted to the Oklahoma Insurance Department ("Department") his December 2012 Allegheny Casualty Company report.

2. Respondent submitted with the report an Electronic Funds Transfer ("EFT") of Three Hundred One Dollars and Seventy-Nine Cents (\$301.79).

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.

ORDER

IT IS THEREFORE ORDERED that Jason Woodard is CENSURED.

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 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

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:

Jason Woodard
P.O. Box 108
Oklahoma City, OK 73101-0108


Buddy Combs

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

7001 0320 0003 9966 9375

OFFICIAL USE

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

Sent To: **Jason Woodard**
P.O. Box 108
OKC, Ok 73101-0108
sms/13-0184-DIS/Cond. Ord.

Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800, January 2007 See reverse 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:

Jason Woodard
P.O. Box 108
OKC, Ok 73101-0108
sms/13-0184-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Jason Woodard

B. Received by (Printed Name) *Jason Woodard*

C. Date of Delivery *03/21/13*

D. Is delivery address different from item 1? Yes
 No
If YES, enter delivery address below:
*2217 W. Harvey #413
OKC, OK 73102*

3. Service 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 9966 9375**