

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.)
LESA WOODARD, a licensed bail bondsman in the)
State of Oklahoma,)
Respondent.)

Case No. 13-0185-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. Lesa Woodard ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100106044.

FINDINGS OF FACT

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

2. Respondent submitted with the reports two Electronic Funds Transfers ("EFT") of Three Dollars (\$3.00) and Seven Dollars (\$7.00).

3. On January 28, 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 informing her 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.

5. On February 13, 2013, Respondent replaced the insufficient EFTs and paid the service fees 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 Lesa Woodard 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
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:

Lesa Woodard
217 N. Harvey Ave., Suite 413
Oklahoma City, OK 73102-3802


Buddy Combs

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

7001 0320 0003 9966 9221

OFFICIAL USE

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



Sent To: **Lesa Woodard**
 217 N. Harvey Ave., Suite 413
 OKC, OK 73102-3802
sms/13-0185-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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Lesla Woodard</p> <p>C. Date of Delivery 3-26-13</p> <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Lesla Woodard 217 N. Harvey Ave., Suite 413 OKC, OK 73102-3802 sms/13-0185-DIS/Cond Ord</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 28 2013 Legal Division</p>
<p>2. Article Number (Transfer from service label)</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>7001 0320 0003 9966 9221</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>