

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

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

Case No. 13-0460-DIS

FILED

JUL 15 2013

**INSURANCE COMMISSIONER
OKLAHOMA**

ADMINISTRATIVE ORDER

This matter is a disciplinary proceeding under the Oklahoma Bail Bond Act. The Oklahoma Insurance Department (the "Department") issued an Amended Notice of Hearing and Order to Show Cause on June 6, 2013, alleging Respondent Michael Campbell ("Campbell" or "Respondent") violated several provisions of the Bail Bond Act.

The hearing was set before the undersigned Hearing Examiner for July 9, 2013. On June 6, 2013, the Amended Notice of Hearing and Order to Show Cause was mailed by certified mail, return receipt requested, to Respondent's mailing address on file with the Department: 638 N. Broadway St., Moore, Oklahoma 73160-4814. Campbell signed for the certified mailing on June 7, 2013.

Petitioner appeared through his attorney Buddy Combs on July 9, 2013. Respondent was present and waived his right to be represented by counsel. Evidence was presented and testimony was taken. Petitioner offered Exhibits 1, 2, 3, 4, 5, and 6 as proof to support the Allegations of Fact and Alleged Violations of Law contained in the Amended Notice of Hearing and Order to Show Cause.

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. Respondent is a licensed bail bondsman in the State of Oklahoma holding license number 100133998.

3. The Insurance Commissioner may deny, censure, suspend, revoke, or refuse to renew any license issued pursuant to the Oklahoma Bail Bond Act and/or may levy a fine of not less than \$250.00 but not more than \$2,500.00 for each occurrence of a violation of the Oklahoma Bail Bond Act. 59 O.S. § 1310(A) and (B).

FINDINGS OF FACT

1. On or about November 19, 2012, and November 28, 2012, Defendant Justin Strube (“the Defendant”) was charged in Cleveland County cases CF-12-2064 and CM-12-3230. Bonds were set in the amounts of \$7,000 and \$1,000, respectively. Additionally, on December 13, 2012, Defendant’s bond was set in another Cleveland county case—CM-10-596—in the amount of \$1,000.

2. Defendant’s grandfather, Robert L. Righter, an Ohio resident, contacted Respondent to arrange for Respondent to post bonds for Defendant on these cases to secure his release. It was agreed that Righter would pay Respondent a total of \$10,000 for the bonds. \$1,000 of this amount would be premium payment on the bonds and the remaining \$9,000 would be held as collateral.

3. On January 11, 2013, Righter wired \$10,000 to Respondent.

4. No bond was ever posted by Respondent in any of the cases listed above and as of the date of this Order no money has been returned to Righter.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. §§ 1310(A)(4), (6), and (9) by failing to return

premium and collateral payments received as payment for bonds which were never posted.

ORDER


Petitioner's admitted Exhibits 1, 2, 3, 4, 5, and 6 and testimony offered at hearing support the Allegations of Fact and Alleged Violations of Law in the Notice of Hearing and Order to Show Cause as true and correct.

IT IS THEREFORE ORDERED that Respondent shall return \$10,000 to Robert Righter on or before July 29, 2013. Failure to do so shall result in the SUSPENSION of Respondent's bail bondsman license until such time as the money is returned to Mr. Righter.

IT IS FURTHER ORDERED that Respondent is FINED in the amount of Five Hundred Dollars (\$500.00) and shall pay the costs of the hearing in the amount of Sixty-Two Dollars and Fifty Cents (\$62.50), due and payable to the Oklahoma Insurance Department within 30 days after the date of hearing.

WITNESS My Hand and Official Seal this 11th day of July, 2013.




STEPHAN MATHIS
INDEPENDENT HEARING EXAMINER
OKLAHOMA INSURANCE DEPARTMENT

CERTIFICATE OF MAILING

I, Buddy Combs, hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed via certified mail with return receipt requested on this 5th day of July, 2013, to:

Michael Campbell
638 N. Broadway St.
Moore, OK 73160-4814

CERTIFIED MAIL NO:

and that a copy was delivered to:

Bail Bonds Division


WILLIAM G. "BUDDY" COMBS
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage /	

Michael Campbell
 638 N. Broadway St.
 Moore, OK 73160-4814
 sms/13-0460-DIS/Admin Ord

Sent To _____
 Street, Apt. No.;
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, January 2007 See Reverse for Instructions



<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Michael Campbell 638 N. Broadway St. Moore, OK 73160-4814 sms/13-0460-DIS/Admin Ord</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Charadry Walden</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>JUL 16 2013</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540