

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JUN 12 2013

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 13-0526-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. Karri Jean McBride (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40053276.

FINDINGS OF FACT

1. On October 7, 2009, the Oklahoma Insurance Department (“the Department”) received a Cancellation of Appointment from professional bail bondsman James Lawson canceling Respondent’s appointment to write bail bonds on his behalf. The cancellation stated the reason as “Non-payment of premium due.”
2. On October 22, 2009, the Department received an Appointment from professional bail bondsman Curt Pletcher appointing Respondent to write bail bonds on his behalf.

3. Accompanying the notice of appointment was an affidavit prepared pursuant to 59 O.S. § 1317(C), stating, among other things, that Respondent did not owe any premiums to any insurer. Respondent signed the notarized affidavit on October 20, 2009.

4. As of October 20, 2009, Respondent owed premiums to James Lawson, evidenced by a signed note from Respondent to Lawson dated October 8, 2009.

5. On May 7, 2013, Lawson submitted to the Department a copy of a Journal Entry of Judgment in LeFlore County case SC-2013-101, in which the court entered judgment in favor of Lawson against Respondent for the premiums owed.

CONCLUSIONS OF LAW

1. Respondent filed a false affidavit in violation of 59 O.S. § 1317(C), which mandates that “[p]rior to the issuance of a new surety appointment for a surety bondsman or managing general agent, the bondsman or agent shall file an affidavit with the Commissioner stating that no forfeitures are owed to any court, no fines are owed to the insurance department, and no premiums or indemnification for forfeitures or fines are owed to an insurer.”

ORDER

IT IS THEREFORE ORDERED that Karri McBride 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 on this matter within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day.

WITNESS My Hand and Official Seal this 12th day of June, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs
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

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, return receipt requested on this 12th day of June, 2013, to:

Karri McBride
P.O. Box 542
Stillwater, OK 74076-0542

Buddy Combs
Buddy Combs

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

7001 0320 0003 9966 7821

OFFICIAL U.S. MAIL

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



Sent To: Karri McBride
P.O. Box 542
Stillwater, Ok 74076-0542
City, State, ZIP+4: sms/13-0526-DIS/Cond. Ord.

PS Form 3800, January 2001 (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:

Karri McBride
P.O. Box 542
Stillwater, Ok 74076-0542
sms/13-0526-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Karri McBride* Agent Addressee

B. Received by (Printed Name): *Karri McBride*

C. Date of Delivery: *6-19-13*

D. Is delivery address different from item 1? Yes No
YES: enter delivery address below:

Legal Division: OKLAHOMA INSURANCE DEPARTMENT

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 7821