

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)
Insurance Commissioner,)

))
Petitioner,)

vs.)

JAMES McKNIGHT, a licensed bail bondsman in)
the State of Oklahoma,)

))
Respondent.)

Case No. 13-0620-DIS

FILED

JUL 03 2013

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

**INSURANCE COMMISSIONER
OKLAHOMA**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel, Buddy Combs, 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. James McKnight (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199073.

FINDINGS OF FACT

1. Every bail bondsman license expires biennially at 12:00 midnight on the last day of the bondsman’s birth month. 59 O.S. § 1304.

2. Every bondsman is required to renew his or her license biennially by submitting a completed renewal application by the end of his or her birth month. 59 O.S. § 1309.

3. Approximately forty-five days prior to the expiration of a bondsman’s license,

Oklahoma Insurance Department (“OID”) staff sends an E-mail to the bondsman advising of the license expiration date.

4. Respondent’s birth month is March. Accordingly, his license expired at midnight, March 31, 2013.

5. On May 31, 2013, Respondent renewed his license.

6. OID personnel conducts audits of late renewals to determine if bondsmen execute any bonds during periods they were not licensed. Investigation of bonds executed in the county and municipality in which Respondent operates revealed that, during the unlicensed period, Respondent executed one appearance bond in the amount of \$5,000.00.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct and Respondent has violated 59 O.S. §§ 1303(A) and 1320(A), and Oklahoma Administrative Code 365:25-5-35(E) by executing a bail bond in Oklahoma without a valid Oklahoma bail bond license.

ORDER

IT IS THEREFORE ORDERED that James McKnight is hereby 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 St., Suite 100, Oklahoma City, Oklahoma 73112, and **provide an explanation of Respondent’s actions described herein and any defenses thereto.**

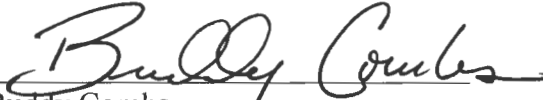
If Respondent does not request a hearing within the 30 days allotted, this Order shall

become a FINAL ORDER on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 3rd day of July, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

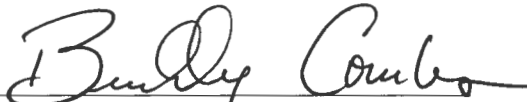

Buddy Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

I, Buddy Combs, 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 via certified mail with return receipt requested on this 3rd day of July, 2013, to:

James McKnight
PO BOX 334
SAWYER, OK 74756-0334

Certified Mail No.
7001 0320 0003 9966 7494


Buddy Combs

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

7001 0320 0003 9966 7494

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	James McKnight P.O. Box 334	
Street, Apt. 1 or PO Box N	Sawyer, OK 74756-0334	
City, State, Z	sms/13-0620-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 <i>Brandy McKnight</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brandy McKnight</i> C. Date of Delivery <i>7/15/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> James McKnight P.O. Box 334 Sawyer, OK 74756-0334 sms/13-0620-DIS/Cond. Ord. </div>	<p>OKLAHOMA INSURANCE DEPARTMENT JUL 18 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0003 9966 7494</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	