

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

**FILED**

AUG 15 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. 13-0733-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. Respondent Lesa Woodard ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100106044.

**FINDINGS OF FACT**

1. Respondent submitted her January 2013 Crum & Forster Indemnity Company ("CFIC") report to the Oklahoma Insurance Department on February 25, 2013. The report was due February 15, 2013.
2. Respondent submitted her February 2013 CFIC report on March 17, 2013. The report

was due March 15, 2013.

3. Respondent submitted her June 2013 CFIC report on July 16, 2013. The report was due July 15, 2013.

### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by 59 O.S. § 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

### **ORDER**

**IT IS THEREFORE ORDERED that Lesa Woodard is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**


**If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order. The fine ordered**

herein shall be due within 30 days after the date this Order becomes a FINAL ORDER.

WITNESS My Hand and Official Seal this 16<sup>th</sup> day of August, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Buddy Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 16<sup>th</sup> day of August, 2013, to:

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

  
Buddy Combs

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE



7001 0320 0004 4249 8822

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

Total Postage

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP

**Lesla Woodard**  
**217 N. Harvey Ave., Suite 413**  
**OKC, OK 73102-3802**  
**sms/13-0733-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:

**Lesla Woodard**  
**217 N. Harvey Ave., Suite 413**  
**OKC, OK 73102-3802**  
**sms/13-0733-DIS/Cond Ord**

AUG 21 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
**Anthony Lewis**

C. Date of Delivery  
**8/19/13**

Is delivery address different from item 1?  Yes  
 No

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)

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