

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

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

FILED

OCT 03 2013

**INSURANCE COMMISSIONER
OKLAHOMA**

Case No. 13-0985-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 David Jackson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40123678.

FINDINGS OF FACT

1. Respondent submitted his June 2013 Allegheny Casualty Company (“ACC”) report to the Oklahoma Insurance Department (“Department”) on July 16, 2013. The report was due July 15, 2013.

2. Respondent submitted his July 2013 ACC report to the Department on August 16,

2013. The report was due August 15, 2013.

3. Respondent submitted his August 2013 ACC report to the Department on September 17, 2013. The report was due September 16, 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 David Jackson is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

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 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 31st 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 3rd day of October, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs

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 3rd day of October, 2013, to:


David Jackson
406 S Boulder Ave Ste 470
Tulsa, OK 74103

Buddy Combs
Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 3964

| | | |
|---|----|--|
| Postage | \$ |  |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |
| David Jackson Sent To: 406 S. Boulder Ave., Suite 470 Tulsa, OK 74103 sms/13-0985-DIS/Cond Ord. | | |
| Street, Apt. No., or PO Box No. City, State, ZIP+4 | | |
| 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:

David Jackson
 406 S. Boulder Ave., Suite 470
 Tulsa, OK 74103
 sms/13-0985-DIS/Cond Ord.

2. Article Number
(Transfer from service label)

7001 0320 0004 4249 3964

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

S. Jackson OCT 10 2013

D. 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

OKLAHOMA INSURANCE DEPARTMENT