

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

FILED

JAN 30 2014

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
v.)	Case No. 13-1111-DIS
)	
MATTHEW ADAM WESTFALL, a licensed bail)	
bondsman in the State of Oklahoma,)	
)	
Respondent.)	

ADMINISTRATIVE ORDER

This matter is a disciplinary proceeding under the Oklahoma Bail Bond Act. The Oklahoma Insurance Department (the "Department") issued a Notice of Hearing and Order to Show Cause With Suspension Instanter on November 5, 2013, alleging that Respondent Matthew Adam Westfall ("Westfall" or "Respondent") violated two provisions of the Bail Bond Act. The hearing was set before the undersigned Hearing Examiner for November 26, 2013.

On November 5, 2013, the Notice of Hearing and Order to Show Cause With Suspension Instanter was mailed via regular mail and certified mail, with return receipt requested, to Respondent's mailing address on file with the Department: 1102 W. Osage Drive, Stillwater, Oklahoma 74075-2139. U.S. Postal Service tracking confirmed that certified mail number 7001 0320 0004 4249 3322 was unclaimed by Respondent. The mailing sent to Respondent via regular mail was not returned to the Department.

Petitioner appeared through counsel William G. "Buddy" Combs on November 26, 2013. Respondent failed to appear. Petitioner offered Exhibits 1 and 2 as proof to support the proper service upon Respondent by certified and regular mail. Petitioner offered Exhibits 3, 4, and 5 as proof to support the allegations of fact and alleged violations of law contained in the Notice of

Hearing and Order to Show Cause With Suspension Instanter.

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 10010626.

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 December 26, 2012, Respondent was charged by Information in Payne County District Court case number CF-2012-898 with one count of Unlawful Possession of a Controlled Dangerous Substance Without a Prescription, a violation of 63 O.S. § 2-402(B)(1), a felony.

2. On or about October 25, 2013, Respondent entered a plea of guilty in Payne County District Court case number CF-2012-898 to one count of Unlawful Possession of a Controlled Dangerous Substance Without a Prescription, a violation of 63 O.S. § 2-402(B)(1), a felony. Respondent was given a 3-year deferred sentence.

CONCLUSIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(5) by entering a plea of guilty to a felony.

2. Pursuant to 59 O.S. § 1315(A)(1), any person who has pled guilty to any felony is prohibited from being a bail bondsman in the State of Oklahoma.

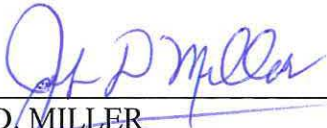
ORDER

Petitioner's admitted Exhibits 1 and 2 support the finding that Respondent Matthew Adam Westfall was properly served with notice of hearing and he is found in default for failure to appear. Petitioner's admitted Exhibits 3, 4, and 5 support the Allegations of Fact and Alleged Violations of Law in the Notice of Hearing and Order to Show Cause With Suspension Instante as true and correct.

IT IS THEREFORE ORDERED that Matthew Adam Westfall's bail bondsman license is REVOKED.

WITNESS My Hand and Official Seal this 29th day of ~~December~~^{January}, 201~~7~~.





JOHN D. MILLER
INDEPENDENT HEARING EXAMINER
OKLAHOMA INSURANCE DEPARTMENT

CERTIFICATE OF MAILING

I, William G. "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 30th day of ~~December, 2013~~, to:
January, 2014 BC

Matthew Adam Westfall
1102 W. Osage Drive
Stillwater, Oklahoma 74075-2139

Matthew Adam Westfall
2209 E. Hastings
South Bend, IN 46615

CERTIFIED MAIL NO:

and that a copy was delivered to:

Bail Bonds Division

Payne County District Court Clerk

Stillwater Municipal Court Clerk


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)

2261 6424 4000 0320 1001

OFFICIAL USE



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

Total Postage

Matthew Adam Westfall
 1102 W. Osage Drive
 Stillwater, OK 74075-2139
sms/13-1111-DIS/Adm Ord

Sent To

Street, Apt. No. or PO Box No.

City, State, Zip

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Matthew Adam Westfall
 1102 W. Osage Drive
 Stillwater, OK 74075-2139
sms/13-1111-DIS/Adm Ord

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery

RECEIVED
 MARCH 11 2014
 If YES, enter delivery address different from item 1? Yes No

MAR 11 2014
 Legal Division

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 0004 4249 1922

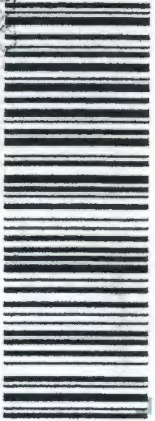
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL

JOHN D. DOAK

Insurance Commissioner
Oklahoma Insurance Department
5 Corporate Plaza
3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511



7001 0320 0004 4249 1922

01/30/2014

30 JAN 2014 PM 6

US POSTAGE \$007.19

ZIP 73112
041L12203132

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

OFFICIAL USE

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

Matthew Adam Westfall
 1102 W. Osage Drive
 Stillwater, OK 74075-2139
 sms/13-1111-DIS/Adm Ord

PS Form 3800, January 2001 See Reverse for Instructions

Matthew Adam Westfall
 1102 W. Osage Drive
 Stillwater, OK 74075-2139

Name _____
 1st Notified 2/1
 2nd Notified 2-21
 Return Date _____

NIXIE

731 SE 1700 0003/07/14

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451125 *3057-03574-30-41

73112@4511

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

OFFICIAL USE

7001 0320 0004 4249 1939

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & f		
Sent To Matthew Adam Westfall 2209 E. Hastings South Bend, IN 46615 sms/13-1111-DIS/Adm Ord		
Street, Apt. No., or PO Box No. City, State, ZIP+4		
PS Form 3800, January 2004 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 <input checked="" type="checkbox"/> <i>Matthew Westfall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Matthew Westfall</i></p> <p>C. Date of Delivery <i>2/4/14</i></p> <p>Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter delivery address below:</p>
<p>1. Article Addressed to: OKLAHOMA INSURANCE DEPARTMENT FEB 10 2014 Legal Division</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Matthew Adam Westfall 2209 E. Hastings South Bend, IN 46615 sms/13-1111-DIS/Adm Ord </div>	<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>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0004 4249 1939</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540