

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

**FILED**

NOV 05 2013

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 13-1112-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. Billy Dismuke (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 144708.

**FINDINGS OF FACT**

1. On October 28, 2013, professional bail bondsman Curt Pletcher submitted to the Oklahoma Insurance Department (“the Department”) a notice of appointment for Respondent.

2. 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 fines to the Department. Respondent signed the notarized affidavit on October 25, 2013.

3. As of October 25, 2013, Respondent owed fines to the Department in cases 12-0921-DIS, 13-0194-DIS, 13-0377-DIS, and 13-0380-DIS.

### 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, insureds, or others received in the conduct of business under the license.”

2. Pursuant to 59 O.S. § 1317(C), if any statement made on the affidavit is found to be false, the Commissioner may apply the sanctions set forth in 59 O.S. § 1310, which include a fine, censure, suspension, or revocation.

### ORDER

**IT IS THEREFORE ORDERED that Billy Dismuke 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 56<sup>th</sup> 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 31<sup>st</sup> day. Any 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 5<sup>th</sup> day of November, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

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 5<sup>th</sup> day of November, 2013, to:

Billy Dismuke  
2828 NW 57TH ST  
OKLAHOMA CITY, OK 73112-6814

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

Buddy Combs

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 3315

OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage /</b>	



Sent To

**Billy Dismuke**  
2828 NW 57th Street  
OKC, OK 73112-6814  
sms/13-1112-DIS/Cond Ord

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

**CERTIFIED MAIL**



7001 0320 0004 4249 3315

neopost  
11/05/2013  
**US POSTAGE \$006.57<sup>0</sup>**



FIRST-CLASS MAIL  
ZIP 73112  
041L12203182

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

DEC 03 2013

Legal Division



Billy Dismuke  
2828 NW 57th Street  
OKC, OK 73112-6814

11-9  
19 UNC

NIXIE 731 SE 1700 0111/29/13

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 73112451999 \*2457-01843-28-05

73112 04519

**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+4 \_\_\_\_\_

**Billy Dismuke**  
 2828 NW 57th Street  
 OKC, OK 73112-6814  
 sms/13-1112-DIS/Cond Ord

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:

**Billy Dismuke**  
 2828 NW 57th Street  
 OKC, OK 73112-6814  
 sms/13-1112-DIS/Cond Ord

2. Article Number  
 (Transfer from service label) **7001 0320 0004 4249 3315**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED  
 OKLAHOMA CITY  
 DEC 03 2013  
 Legal Division