

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**

NOV 18 2013

INSURANCE COMMISSIONER  
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. )

Case No. 13-1149-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 September 2013 Allegheny Casualty Company (“ACC”) report to the Oklahoma Insurance Department (“Department”) on October 16, 2013. The report was due October 15, 2013.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(22) and § 1314 for filing late monthly reports.

**ORDER**

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

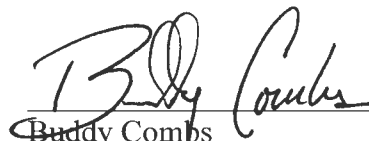
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 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 18<sup>th</sup> day of November, 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 18<sup>th</sup> day of November, 2013, to:

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

  
Buddy Corubs

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

7001 0320 0004 4249 2868

OFFICIAL USE

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

**Total Postage** ( )

Sent To: **David Jackson**  
 Street, Apt. No. or PO Box No.: **406 S. Boulder Ave., Suite 470**  
 City, State, ZIP+4: **Tulsa, OK 74103**  
**sms/13-1149-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:

**David Jackson**  
**406 S. Boulder Ave., Suite 470**  
**Tulsa, OK 74103**  
**sms/13-1149-DIS/Cond. Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) **George Cavazos** C. Date of Delivery **11/20/13**

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

2. Article Number (Transfer from service label) **7001 0320 0004 4249 2868**