



4. On November 4, 2013, Respondent replaced the funds.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(29) by uttering an insufficient funds EFT to the Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Sabrina McSwain is CENSURED.**

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> 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 within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day after receipt.

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of November, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

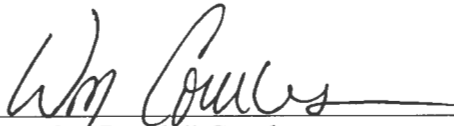
A handwritten signature in black ink that reads "Wm Combs".

William G. "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 19<sup>th</sup> day of November, 2013, to:

Sabrina McSwain  
4385 120TH AVE SE  
NORMAN, OK 73026-8353

  
\_\_\_\_\_  
William G. "Buddy" Combs

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

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 Sabrina McSwain  
 4385 120th Ave. SE  
 Norman, OK 73026-8353  
 sms/13-1183-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

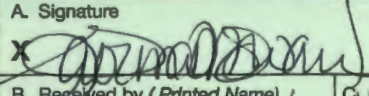
**SENDER: COMPLETE THIS SECTION**

- 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:

Sabrina McSwain  
 4385 120th Ave. SE  
 Norman, OK 73026-8353  
 sms/13-1183-DIS/Cond Ord

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
  
 B. Received by (Printed Name) / C. Date of Delivery  
 Sabrina McSwain / 11/26/13  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 DEC 02 2013  
 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 2721