

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

FILED

FEB 14 2014

INSURANCE COMMISSIONER
OKLAHOMA

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

Case No. 14-0124-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, Dan R. Byrd, 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. Jennifer Burchfield (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40037517.

FINDINGS OF FACT

1. Every bail bondsman license expires biennially at 12:00 midnight on the last day of the bondsman’s birth month. 59 O.S. § 1304.
2. Every bondsman is required to renew his or her license biennially by submitting a completed renewal application by the end of his or her birth month. 59 O.S. § 1309.
3. Approximately forty-five days prior to the expiration of a bondsman’s license,

Oklahoma Insurance Department (“OID”) staff sends an E-mail to the bondsman advising of the license expiration date.

4. Respondent’s birth month is October. Accordingly, her license expired at midnight, October 31, 2013.

5. On January 15, 2014, Respondent renewed her license.

6. OID personnel conducts audits of late renewals to determine if bondsmen execute any bonds during periods they were not licensed. Investigation of bonds executed in the county and municipality in which Respondent operates revealed that, during the unlicensed period, Respondent executed three (3) appearance bonds. These bonds totaled \$12,500.00.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct and Respondent has violated 59 O.S. §§ 1303(A) and 1320(A), and Oklahoma Administrative Code 365:25-5-35(E) by executing bail bonds in Oklahoma without a valid Oklahoma bail bond license.

ORDER

IT IS THEREFORE ORDERED that Jennifer Burchfield is hereby 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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **provide an explanation of Respondent’s actions described herein and any defenses thereto.**

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.

WITNESS My Hand and Official Seal this 14th day of February, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

I, Dan R. Byrd, 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 via certified mail with return receipt requested on this 14th day of February, 2014, to:

Jennifer Burchfield
20899 Hwy 60
Fairview, OK 73737-9508



Dan R. Byrd

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

7001 0320 0004 4248 5563

OFFICIAL USE

| | | |
|--|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |
| Sent To Jennifer Burchfield 20899 Hwy 60 Fairview, OK 73737-9508 sms/14-0124-DIS/Cond Ord | | |
| Street, Apt. # or PO Box No. City, State, ZIP | | |

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. | A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Jennifer Burchfield 20899 Hwy 60 Fairview, OK 73737-9508 sms/14-0124-DIS/Cond Ord </div> | B. Received by (Printed Name) Jennifer Burchfield C. Date of Delivery 2-20-14 D. Is delivery address different from item 1? If YES, enter delivery address below: |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. |
| 2. Article Number (Transfer from service label) | 4. Restricted Delivery? (Extra Fee) |
| 7001 0320 0004 4248 5563 | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |