

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

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

Case No. 14-0761-DIS

FILED

AUG 07 2014

INSURANCE COMMISSIONER
OKLAHOMA

**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. Respondent Pamela Weaver (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100174590.

ALLEGATIONS OF FACT

1. On February 13, 2014, Respondent submitted to the Oklahoma Insurance Department (“Department”) an Electronic Funds Transfer (“EFT”) of Three Dollars (\$3.00) for her January 2014 Lexington National Insurance Company (“LNIC”) report.
2. On February 26, 2014, the Oklahoma State Treasurer charged the EFT back to the Department as “Not Sufficient Funds”.

3. On March 5, 2014, Department staff sent Respondent a letter via email requesting that the funds be replaced and a service fee of Twenty-Five Dollars (\$25.00) be paid within five days of receipt of the letter.

4. On June 13, 2014, Respondent's photo pocket license that the Department mailed to her was returned. On that date Department staff sent the photo pocket license and a copy of the March 5, 2014 letter to Respondent advising that a block was placed on her license record for failure to replace the funds.

5. On May 14, 2014, Respondent submitted to the Department an EFT of Three Dollars (\$3.00) for her April LNIC report.

6. On June 12, 2014 the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds".

7. On June 18, 2014, Department staff sent Respondent a letter via email requesting that the funds be replaced and the service fee of Twenty-Five Dollars (\$25.00) be paid within five days of receipt of the letter.

8. On June 25, 2014, Department staff spoke with Respondent. Both letters were emailed to her again on June 25, 2014.

9. On July 1, 2014, Department staff received money order #20562887656 in the amount of Fifty-Six Dollars (\$56.00) that replaced both of the above charge backs.

10. Submitting an insufficient electronic funds transfer to the Department is a violation of 59 O.S. § 1310(A)(29). The Department charges a Twenty-Five Dollar (\$25.00) service fee on all insufficient funds.

ALLEGED VIOLATIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(29) by uttering insufficient funds to the Commissioner.
2. Respondent has violated 59 O.S. § 1310(A)(2) by violating a law of this state relating to bail.
3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that Pamela Weaver is CENSURED.

Respondent is further notified that she may request a hearing within thirty (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 **state the basis for requesting the hearing.**

If Respondent fails to request a hearing within thirty (30) days of receipt of this Order, this Order shall become a FINAL ORDER on the 31st day.

WITNESS My Hand and Official Seal this 7th day of August, 2014.



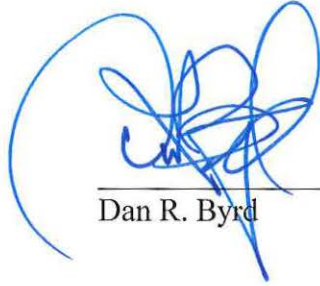
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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 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 7 day of August, 2014, to:

Pamela Weaver
Casey Cameron Bail Bonds
1523 Eastern Ave
Stillwater, OK 74074-6205



Dan R. Byrd



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

CERTIFIED MAIL™



7014 0150 0001

|||||
 Pamela Weaver
 Casey Cameron Bail Bonds
 1523 Eastern Ave.
 Stillwater, OK 74074-6205

LM 8-9-14

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

AUG 29 2014

Legal Division

NIXIE 731 DE 1700 0005/27/14
 RETURN TO SENDER
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 UNABLE TO FORWARD
 BC: 73112451125 *0657-04045-07-41
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OKLAHOMA CITY, OK
 AUG 2014
 USPS 73118-9998

Pamela Weaver
Casey Cameron Bail Bonds
 1523 Eastern Ave.
 Stillwater, OK 74074-6205
 sms/14-0761-DIS/Cond Ord

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

PS Form 3800, 7-13 See Reverse for Instructions

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Sent to
 Pamela Weaver
 Casey Cameron Bail Bonds
 1523 Eastern Ave.
 Stillwater, OK 74074-6205
 sms/14-0761-DIS/Cond Ord

PS Form 3800, A
 See Reverse for Instructions

9657 8856 1000 0510 4702

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:

Pamela Weaver
 Casey Cameron Bail Bonds
 1523 Eastern Ave.
 Stillwater, OK 74074-6205
 sms/14-0761-DIS/Cond Ord

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 AUG 29 2014
 Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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)

7014 0150 0001 9588 1596

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540