

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

AUG 29 2014

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)

Petitioner,)

vs.)

SAM GOAD, a licensed bail bondsman in the)
State of Oklahoma,)

Respondent.)

Case No. 14-0856-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. Sam Goad (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199432.

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 February. Accordingly, his license expired at midnight, February 28, 2014.

5. On July 24, 2014, Respondent untimely renewed his 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 one (1) appearance bond. This bond totaled \$50,600.00.

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.

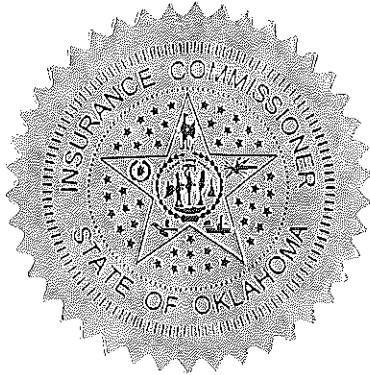
ORDER

IT IS THEREFORE ORDERED that Sam Goad is hereby CENSURED and FINED \$250.00.

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 20th day of August, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

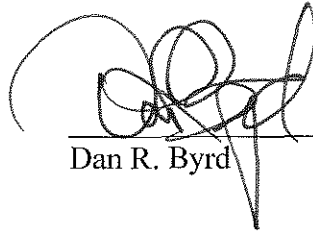
A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line.

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 21st day of August, 2014, to:

Sam Goad
557 Harrison St.
Pawnee, OK 74058-2566



Dan R. Byrd

**U.S. Postal Service™
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Sent To: **Sam Gaod**
 557 Harrison St.
 Pawnee, OK 74058-2566
 sms/14-0856-DIS/Cond Ord

PS Form 3800, August 2004 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. 	<p>A. Signature <i>Lenora Gaskey</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lenora Gaskey</i> Date of Delivery <i>9/2/14</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Sam Gaod 557 Harrison St. Pawnee, OK 74058-2566 sms/14-0856-DIS/Cond Ord</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT SEP 05 2014 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7014 0150 0001 9588 2104</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>