BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

| FIL | _ED |
|-----|-----|
|-----|-----|

| STATE OF OKLAHOMA, ex rel. JOHN D. | OCT 03 2014 |
|--|---------------------------------|
| DOAK, Insurance Commissioner, | INSURANCE COMMISSIONER OKLAHOMA |
| Petitioner, | |
| VS. | |
| |) Case No. 14-0968-DIS |
| DOROTHY BYERS, a licensed bail bondsman in | |
| the State of Oklahoma, | |
| | |
| Respondent. | |

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 Dorothy Byers ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 200417.

ALLEGATIONS OF FACT

- 1. On July 15, 2014, Respondent submitted to the Oklahoma Insurance Department ("Department") an Electronic Funds Transfer ("EFT") of Three Dollars (\$3.00) for her June 2014 SNCC report.
- 2. On July 25, 2014, the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds".

- 3. On July 31, 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. The email was sent to Respondent's email address on file with the Department The certified letter was mailed to Respondent's address on file with the Department and returned by the USPS marked "Return to Sender, Not Deliverable as Addressed, Unable to Forward."
- Respondent has not changed her email, resident, business, or mailing address with the
 Department.
- 6. 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.
- 7. Failure to notify the Commissioner of a change of mailing address or email address within five (5) days after a change is made, or failing to respond to a properly mailed notification within a reasonable amount of time is a violation of 59 O.S. § 1310(A)(23)

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)(23) by failing to notify the Commissioner of a change of mailing or email address within five (5) days after a change is made, or failing to respond to a properly mailed notification within a reasonable amount of time.

- 3. Respondent has violated 59 O.S. § 1310(A)(2) by violating a law of this state relating to bail.
- 4. 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 Dorothy Byers is CENSURED.

IT IS FURTHER ORDERED that Dorothy Byers shall replace the insufficient EFT and pay the service fee owed. The total amount owed to the Department in this case is Twenty Eight Dollars (\$28.00).

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.



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

4

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 day of October, 2014, to:

Dorothy Byers EZ Bailbonds 1021 Meadowvale Dr. Midwest City, OK 73110-7032

Certified Mail No. 7014 0150 0001 9588 2371

5

| 7 | U.S. Postal Service ™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | |
|---------|--|----------------|--|--|--|--|
| 371 | For delivery information visit our website at www.usps.c | om , | | | | |
| ru e | OFFICIAL US | E | | | | |
| 5.0 | Postage \$ OKL | AMO | | | | |
| 0 | | | | | | |
| 0007 | Return Receipt Fee (Endorsement Required) | 国 | | | | |
| | Restricted Delivery Fee (Endorsement Required) | (3) | | | | |
| 01.50 | Dorothy Byers | 40 / | | | | |
| | Sent To EZ Bailbonds | | | | | |
| 7014 | Street, Apr. No. 1021 Meadowvale Dr. | | | | | |
| 7 | or PO Box No. Midwest City, OK 73110-7032 | | | | | |
| , 5 | City, State, Zli sms/14-0968-DIS/Cond Ord | | | | | |
| | PS Form 3800, August 2006 See Reverse fo | r Instructions | | | | |

| SENDER: COMPLETE THIS SE | CTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|-------------|
| Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is a Print your name and address o so that we can return the card Attach this card to the back of or on the front if space permits. Article Addressed to: | desired, n the reverse to you. the mailpiece, | B. Received by (Printed Name) C Date (b. Is delived) address different from Item 1? If YES, enter delivery address below: | |
| | - PCT (| 7 2014 | |
| Dorothy Byer | | | |
| EZ Bailbonds | Legal | vision | |
| 1021 Meadowvale | Dr. | | |
| Midwest City, OK 731 | 10-7032 | 3. Service Type | |
| sms/14-0968-DIS/0 | | ☐ Registered ☐ Return Receipt for Me | erchandise |
| | | 4. Restricted Delivery? (Extra Fee) | Yes |
| 2. Article Number (Transfer from service label) | 7014 0 | 50 0001 9588 2371 | |
| PS Form 3811, February 2004 | Damastle D | turn Receipt 10259 | 5-02-M-1540 |