

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

**FILED**  
FEB 19 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

<b>STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,</b>	)	
<b>Petitioner,</b>	)	
<b>vs.</b>	)	
	)	<b>Case No. 15-0180-DIS</b>
<b>SCOTT DARK, a licensed bail bondsman in the State of Oklahoma,</b>	)	
<b>Respondent.</b>	)	

**AMENDED 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 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 Scott Dark (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40084925.

**FINDINGS OF FACT**

1. Respondent submitted his March 2014 United States Fire Insurance Company (“USFIC”) report to the Oklahoma Insurance Department (“Department”) on Monday, April 21, 2014 – 6 days after the report was due on Tuesday, April 15, 2014.
2. Respondent submitted his November 2014 USFIC report to the Department on Wednesday, December 17, 2014 – 2 days after the report was due on Monday, December 15, 2014.
3. Respondent submitted his December 2014 USFIC report to the Department on Tuesday,

January 20, 2015 – 5 days after the report was due on Thursday, January 15, 2015.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.
2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”
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**

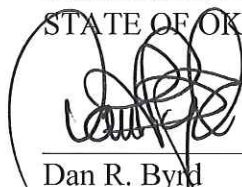
**IT IS THEREFORE ORDERED** that Scott Dark is **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00). Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall 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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of February, 2015.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA





---

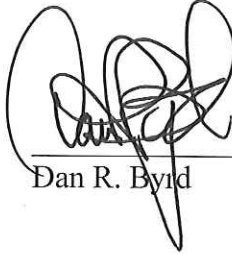
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 19<sup>th</sup> day of February, 2015, to:

Scott Dark  
1000 E. Grand Ave.  
Tonkawa, OK 74653-4051

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 4549**



\_\_\_\_\_  
Dan R. Byrd

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7014 2870 0000 5493 4549

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Total Postage &

Sent To

Scott Dark  
 1000 E. Grand Ave.  
 Tonkawa, OK 74653-4051  
**15-0180-DIS/DRB(mt)**  
**(Cond.Adm.Ord. ~2-19-15)**

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

PS Form 3800, July 2014

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:

Scott Dark  
 1000 E. Grand Ave.  
 Tonkawa, OK 74653-4051  
**15-0180-DIS/DRB(mt)**  
**(Cond.Adm.Ord. ~2-19-15)**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7014 2870 0000 5493 4549

PS Form 3811, July 2013

Domestic Return Receipt

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 FEB 26 2015  
 Legal Division