

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 09 2015
INSURANCE COMMISSIONER
OKLAHOMA

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

Petitioner,)

vs.)

EARL POINTS, a licensed bail bondsman in the)
State of Oklahoma,)

Respondent.)

Case No. 15-0349-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. Respondent Earl Points (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200112.

ALLEGATIONS OF FACT

1. On December 15, 2014, Respondent submitted to the Oklahoma Insurance Department (“Department”) an Electronic Funds Transfer (“EFT”) of Five Hundred Dollars and Forty Five Cents (\$500.45) and an EFT of Three Dollars (\$3.00) for his ASC November 2014 and ILMIC November 2014 reports.

2. On December 29, 2014, the Oklahoma State Treasurer charged the EFTs back to the Department as “Not Sufficient Funds”.

3. On January 6, 2015, Department staff sent Respondent an email requesting the funds be replaced and a service fee of Fifty Dollars (\$50.00) be paid within five days of receipt of the letter.

4. On January 14, 2015, Department staff sent a second request via email.

5. On January 16, 2015, Heather from Respondent’s office called the Department and stated that Respondent thinks they overpaid and that she will let Respondent know the Department needs payment.

6. As of today’s date the funds have not been replaced.

7. 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.

8. Failing to pay reviewal fees is a violation of 59 O.S. § 1314(D).

9. 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. § 1314(D) by failing to pay reviewal fees.

3. Respondent has violated 59 O.S. § 1310(A)(23) by failing to respond to a properly mailed notification within a reasonable amount of time.

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

5. 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 Earl Points is **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

Respondent is further notified that he 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 and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 9th day of April, 2015.



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 9th day of April, 2015, to:

Earl Points
313 State Street
Muskogee, OK 74401-6350

**CERTIFIED MAIL NO:
7014 2870 0000 5492 9873**



Dan R. Byrd

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7014 2870 0000 5492 9873

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



Total Postage & Fees: Earl Points
 Sent To: 313 State Street
 Street & Apt. No., or PO Box No.: Muskogee, OK 74401-6350
 City, State, ZIP+4: 15-0349-DIS/DRB(mt)
 (Cond.Adm.Ord.~4-09-15)

PS Form 3800, July 2014 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/></p> <p>C. Date of Delivery: 4/13/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Earl Points 313 State Street Muskogee, OK 74401-6350 15-0349-DIS/DRB(mt) (Cond.Adm.Ord.~4-09-15) </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2870 0000 5492 9873</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 16 2015
 Legal Division