

2. On September 15, 2015, the Oklahoma State Treasurer charged the EFTs back to the Department as “Not Sufficient Funds”.

3. On September 29, 2015, Department staff sent Respondent a letter via 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 October 5, 2015 the Department received personal money order number 230265982822 in the amount of Fifty Six Dollars (\$56.00) replacing the funds and the service fee.

5. 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 Eva Wood is **CENSURED**.

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.

WITNESS My Hand and Official Seal this 13th day of October, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue 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 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 13th day of October, 2015, to:

Eva Gann
2521 Mountain Rd.
Bartlesville, OK 74003-6905

**CERTIFIED MAIL NO:
7015 0640 0004 4933 7081**



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

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____


Street and Apt. No., or PO Box? _____

City, State, ZIP+4® _____

Eva Gann
 2521 Mountain Rd.
 Bartlesville, OK 74003-6905
 15-1186-DIS/DRB(mt)
 (Cond.Adm.Ord.~ 10-13-15)

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

7015 0640 0004 4933 7081

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) EVAN GANN</p> <p>C. Date of Delivery OCT 13 2015</p>
<p>1. Article Addressed to:</p> <p>Eva Gann 2521 Mountain Rd. Bartlesville, OK 74003-6905 15-1186-DIS/DRB(mt) (Cond.Adm.Ord.~ 10-13-15)</p> <p> 9590 9403 0272 5155 1355 86</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>Legal Division</p>
<p>2. Article Number (Transfer from service label) 7015 0640 0004 4933 7081</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-8053</p>	<p>Domestic Return Receipt</p>