

FILED

NOV 09 2015

INSURANCE COMMISSIONER
OKLAHOMA

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

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	Case No. 15-1280-DIS
)	
MICHAEL JACKSON, a licensed)	
professional 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, 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. Michael Jackson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 0040004872.

3. Pursuant to 59 O.S. § 1310(B), any person violating any provision of the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) 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.

ALLEGATIONS OF FACT

1. Respondent failed to timely file his August 2015 American Surety Company (“ASC”) surety report with the Oklahoma Insurance Department (“OID”). Respondent’s August 2015 monthly report was due on September 15, 2015.

2. On or about September 17, 2015, OID staff sent an e-mail to Respondent regarding the failure to file the August 2015 monthly report.

3. On or about September 24, 2015, OID staff called the phone number on file for Respondent. The listed phone number for Respondent was no longer in service. As of the date of this Order, Respondent has failed to file his August 2015 monthly report.

4. Respondent failed to timely file his September 2015 ASC surety report with the OID. Respondent’s September 2015 monthly report was due on October 15, 2015.

5. On or about October 19, 2015, OID staff sent an e-mail to Respondent regarding the failure to file the September 2015 monthly report. As of the date of this Order, Respondent has failed to file his September 2015 monthly report.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file monthly reports as required by 59 O.S. § 1314(B) and O.A.C. 365: 25-5-36.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED** Five Hundred Dollars (\$500.00). **The \$500.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$500.00 civil fine shall be paid by money order or cashier’s check.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing

with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

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



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

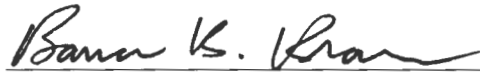
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 9th day of November 2015, to:

Michael Jackson
Michael Jackson Bail Bonds
23339 South 4420 Road
Vinita, OK 74301

CERTIFIED MAIL NO. 7015 0640 0004 4933 6138

and a copy was delivered to:

Linda Churchill
Bail Bonds Division



Barron B. Brown

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 \$ 3.45

Extra Services & Fees (check box, add fees as applicable)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 0.48

Total Postage and Fees \$ 6.73



Sent To _____

Street and Apt. No., or PO Box® _____

City, State, ZIP+4® _____

Michael Jackson Bail Bonds
 ATTN: Michael Jackson
 23339 S. 4420 Rd.
 Vinita, OK 74301
 rlg/15-1280-DIS/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

7015 0640 0004 4933 6138

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Michael Jackson Bail Bonds
 ATTN: Michael Jackson
 23339 S. 4420 Rd.
 Vinita, OK 74301
 rlg/15-1280-DIS/Cond. Adm. Ord.



2. Article Number (Transfer from service label)
 7015 0640 0004 4933 6138

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name)
Michael Jackson

C. Date of Delivery _____

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 NOV 11 2015
 Legal Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)