

Department as “Not Sufficient Funds”.

3. On October 29, 2015, Department staff sent Respondent an email requesting 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. On November 3, 2015, Department staff sent a second request via email.

5. On November 17, 2015, Department staff called the Respondent requesting that the EFT be paid.

6. On November 18, 2015, the Department received a money order number 7009011339 in the amount of Twenty-Eight Dollars (\$28.00) replacing the fund for ok.gov and service fee.

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 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 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 Clyde Lafferty 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 21st day of January, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line.

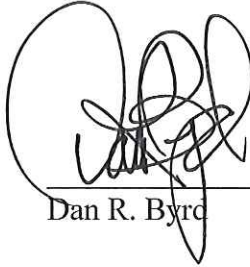
Dan R. Byrd
Assistant General Counsel
3625 NW 50th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 21st day of January, 2016, to:

Clyde Lafferty
305 E. Industrial Rd.
Guthrie, OK 73044

**CERTIFIED MAIL NO:
7015 0640 0002 7406 5456**



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

7015 0640 0002 7406 5456

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

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®

Clyde Lafferty
 305 E. Industrial Rd.
 Guthrie, OK 73044
15-1324-DIS/DRB(mt)
(Cond.Adm.Ord & Notice~1-21-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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. Addressee's Name and Address

Clyde Lafferty
 305 E. Industrial Rd.
 Guthrie, OK 73044
15-1324-DIS/DRB(mt)
(Cond.Adm.Ord & Notice~1-21-16)



9590 9403 0272 5155 0711 67

2. Article Number (Transfer from service label)

7015 0640 0002 7406 5456

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X 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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JAN 26 2016
 Legal Division

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt