



Department as “Not Sufficient Funds”.

3. On December 31, 2015, Department staff sent Respondent a letter via 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 January 5, 2016 the Department received personal money order number 1329030 in the amount of Sixty Eight Dollars (\$68.00) 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.

6. Respondent has had two (2) previous violations of this type for which the Department filed administrative actions against the Respondent.

#### **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 Timothy Pearson is **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

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 56<sup>th</sup> 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 31<sup>st</sup> day and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 14<sup>th</sup> day of January, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

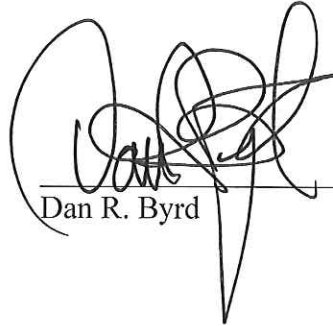
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 14<sup>th</sup> day of January, 2016, to:

Timothy Pearson  
#6 SW D Ave., Ste. B  
Lawton, OK 73501-4603

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 5227**



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**

7015 0640 0002 7406 5227

Certified Mail Fee \$ \_\_\_\_\_

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

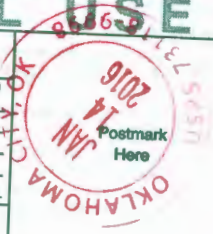
Return Receipt (hardcopy) \$ \_\_\_\_\_

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® \_\_\_\_\_

Timothy Pearson  
 #6 SW D Ave., Ste. B  
 Lawton, OK 73501-4603  
 16-0029-DIS/DRB(mt)  
 (Cond. Adm. Ord & Notice 1-14-16)

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. Article Addressed to:

Timothy Pearson  
 #6 SW D Ave., Ste. B  
 Lawton, OK 73501-4603  
 16-0029-DIS/DRB(mt)  
 (Cond. Adm. Ord & Notice 1-14-16)

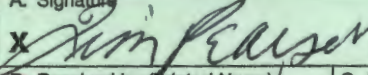


9590 9403 0272 5155 0709 00

2. Article Number (Transfer from service label)

7015 0640 0002 7406 5227

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  Agent  Addressee

B. Received by (Printed Name)  
 TIM PEARSON

C. Date of Delivery  
 JAN 22 2016

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

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)