

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

FILED
FEB 18 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)	
JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	Case No. 16-0159-DIS
DENNIS CARSTENSEN,)	
a licensed 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, 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 Dennis Carstensen (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100221587.

ALLEGATIONS OF FACT

1. On December 15, 2015, Respondent submitted to the Oklahoma Insurance Department (“Department”) Electronic Funds Transfers (“EFTs”) of One Hundred Seventy Dollars and Fifty Cents (\$170.50) and Three Dollars (\$3.00) for his C100221587-December2015-Original-01.DBF and C100221587-December2015-Original-01.DBF Reports.

2. On January 28, 2016, the Oklahoma State Treasurer charged the EFTs back to the Department as "Not Sufficient Funds".

3. On February 3, 2016, Department staff sent a letter via email to Respondent requesting that the funds be replaced and a service fee of Twenty-Five Dollars (\$25.00) for each EFT be paid within five days of receipt of the letter.

4. On February 8, 2016, Department staff sent a second request letter via email to Respondent requesting that the funds be replaced and a service fee of Twenty-Five Dollars (\$25.00) for each EFT be paid within five days of receipt of the letter.

5. On February 10, 2016, Department staff received a money order number C-2367050112 in the amount of Two Hundred Twenty-Three Dollars and Fifty Cents (\$223.50) replacing the funds and service fees.

6. 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 Dennis Carstensen 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 10th day of February, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

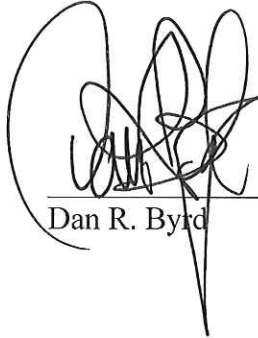
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 18th day of February, 2016, to:

Dennis Carstensen
611 SW E Ave
Lawton, OK 73501-4511

**CERTIFIED MAIL NO:
7015 0640 0002 7406 8921**



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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

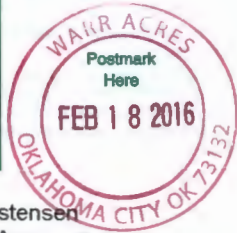
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box #

City, State, ZIP+4®



Dennis Carstensen
 611 SW E. Ave.
 Lawton, OK 73501-4511
16-0159-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice-2-18-16)

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

7015 0640 0002 7406 8921

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:

Dennis Carstensen
 611 SW E. Ave.
 Lawton, OK 73501-4511
16-0159-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice-2-18-16)

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 FEB 23 2016
 Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Dennis R Carstensen

C. Date of Delivery
 2-23-16

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 FEB 23 2016
 LAWTON OK 73501-9998



2. Article Number (Transfer from service label)
 7015 0640 0002 7406 8921

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)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt