

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 07 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)	
JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	Case No. 16-0337-DIS
TIMOTHY PEARSON,)	
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. §§ 1301-1341.
2. Respondent Timothy Pearson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199119.

ALLEGATIONS OF FACT

1. On March 10, 2016, Respondent submitted to the Oklahoma Insurance Department (“Department”) an Electronic Funds Transfer (“EFT”) of Two Hundred Forty-Five Dollars (\$245.00) for his ACIC199119-February2016-Original-01.DBF Report.
2. On March 22, 2016, the Oklahoma State Treasurer charged the EFT back to the

Department as “Not Sufficient Funds”.

3. On March 25, 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 the EFT be paid within five days of receipt of the letter.

4. On March 29, 2016, the Department received a money order number 1362416 from Respondent in the amount of Two Hundred Seventy Dollars (\$270.00) replacing the funds for reviewal fee, ok.gov and service fees.

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.”

4. Review of the Department records indicates that this is the fourth violation for insufficient funds for Respondent since 2012.

ORDER

IT IS THEREFORE ORDERED that Timothy Pearson 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 7th day of April, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

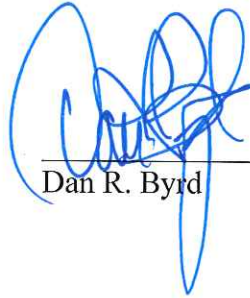

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 7th day of April, 2016, to:

Timothy Pearson
P.O. Box 2982
Lawton, OK 73502-2982

**CERTIFIED MAIL NO:
7015 3010 0001 4604 1669**

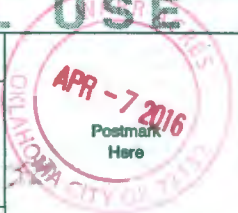


Dan R. Byrd

U.S. Postal Service™
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 Domestic Mail Only

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OFFICIAL USE



Certified Mail Fee \$ _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Timothy Pearson
 P.O. Box 2892
 Lawton, OK 73502-2982
 Street and Apt. No., or PO Box No. **16-0337-DIS/DRB(mt)**
 (Cond. Adm. Ord. & Notice 4-07-16)
 City, State, ZIP+4® _____

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

7015 3010 0001 4604 1669

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 <i>Tim Pearson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Timothy Pearson P.O. Box 2892 Lawton, OK 73502-2982 16-0337-DIS/DRB(mt) (Cond. Adm. Ord. & Notice 4-07-16)</p>	<p>B. Received by (Printed Name) <i>Tim Pearson</i> C. Date of Delivery <i>4/2/16</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4604 1669</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>PO Box 2982</i></p>
<p>Barcode: 9590 9402 1346 5285 6038 27</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"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>