

**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. 16-0338-DIS
CANDACE BENSON,)	
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 Candace Benson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100122151.

ALLEGATIONS OF FACT

1. On March 14, 2016, Respondent submitted to the Oklahoma Insurance Department (“Department”) an Electronic Funds Transfer (“EFT”) of Three Dollars (\$3.00) for her NOSURETY100122151-February2016-Original-01.DBF Report.
2. On March 23, 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 31, 2016, the Department received a money order number 7009862380 from Respondent in the amount of Twenty-Eight Dollars (\$28.00) 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.”

ORDER

IT IS THEREFORE ORDERED that Candace Benson 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

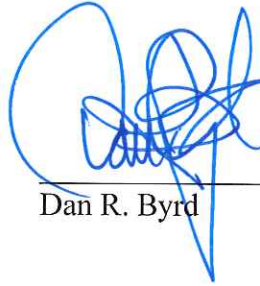
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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:

Candace Benson
3204 S. Ash Ct.
Broken Arrow, OK 74012-7903

**CERTIFIED MAIL NO:
7015 3010 0001 4604 1676**



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 \$ _____

Insured Mail Restricted Delivery \$ _____



Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box
 City, State, ZIP+4®

Candace Benson
 3204 S. Ash Ct.
 Broken Arrow, OK 74012-7903
16-0338-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice 4-07-16)

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

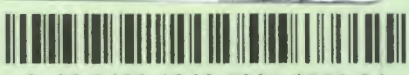
7015 3010 0000 0100 5101

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:

Candace Benson
 3204 S. Ash Ct.
 Broken Arrow, OK 74012-7903
16-0338-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice 4-07-16)



9590 9402 1346 5285 6038 34

2. Article Number (Transfer from service label)

7015 3010 0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Williamuel* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Frank Villarruel *4-14-16*

Delivery address different from item 1? Yes No
 If YES, delivery address below: No

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 19 2016
 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 Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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