

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

FILED
APR 18 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)	
JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	Case No. 16-0364-DIS
CRISTINA RODRIGUEZ,)	
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 Cristina Rodriguez (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200295.

ALLEGATIONS OF FACT

1. On March 15, 2016, Respondent submitted to the Oklahoma Insurance Department (“Department”) Electronic Funds Transfers (“EFTs”) of Three Dollars (\$3.00) each for her CA200295-February2016-Original-01.DBF and CA200295-February2016-Amended-01.DBF reports.

2. On March 25, 2016, the Oklahoma State Treasurer charged the EFTs back to the Department as “Not Sufficient Funds”.

3. On April 1, 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 the EFTs be paid within five days of receipt of the letter.

4. On April 7, 2016, the Department received a money order number C-2357116381 from Respondent in the amount of Fifty-Six Dollars (\$56.00) 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 Cristina Rodriguez 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 18th day of April, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

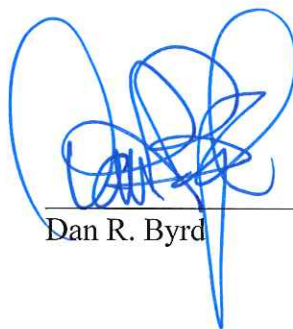
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 18th day of April, 2016, to:

Cristina Rodriguez
1511 W. Gore Blvd., Ste 2
Lawton, OK 73501-3662

**CERTIFIED MAIL NO:
7015 3010 0001 4604 2215**



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 \$ _____

Postmark
Here

Postage

\$ _____
Total Postage and Fees

Cristina Rodriguez
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
16-0364-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice 4-18-16)

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

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:

Cristina Rodriguez
 1511 W. Gore Blvd., Ste. 2
 Lawton, OK 73501-3662
16-0364-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice 4-18-16)



9590 9402 1346 5285 6043 74

2. Article Number (Transfer from service label)

7015 3010 0001 4604 2215

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cristina Rodriguez Agent
 Addressee
 B. Received by (Printed Name) *Cristina Rodriguez*
 C. Date of Delivery *4/20/16*
 D. Is delivery address different from item 1? Yes
 If Yes, enter delivery address below: No

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 20 2016



3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt