

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
MAY 19 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
 JOHN D. DOAK, Insurance Commissioner,)
)
 Petitioner,)
 vs.)
)
 APRIL ECHOLS,)
 a licensed bail bondsman in the State)
 of Oklahoma,)
)
)
 Respondent.)

Case No. 16-0491-DIS

**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 April Echols ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100218408.

ALLEGATIONS OF FACT

1. On April 15, 2016, Respondent submitted to the Oklahoma Insurance Department ("Department") Electronic Funds Transfers ("EFT") of Nine Hundred Ninety-Three Dollars and Seventy-Three Cents (\$993.73) for her ILMIC100218408-March2016-Original-01.DBF Report.
2. On April 27, 2016, the Oklahoma State Treasurer charged the EFT back to the

Department as “Not Sufficient Funds”.

3. On April 29, 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 May 5, 2016, Department staff sent a second request letter via email to Respondent requesting the funds be replaced and the service fee paid within five days of receipt of the letter. A copy was also emailed to Earl Eugene “Gene” Points, managing general agent (MGA) for Indiana Lumbermens Mutual Insurance Company. Gene Points emailed the Department on the same day advising payment was being sent via FedEx. Gene Points emailed the Department on May 6, 2016 regarding the insufficient funds.

5. On May 9, 2016, Department staff received a cashier’s check number 307011705 in the amount of One Thousand Eight Dollars and Seventy-Three Cents(\$1018.73) replacing the funds and service fee.

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.

7. Review of the Bail Bond Division records indicates this is Respondent’s second violation of this type.

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 April Echols is **CENSURED** and **FINED** Five Hundred Dollars (\$500.00).

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 has not paid the fine ordered herein and all of her outstanding administrative fines with the Department and does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondent’s license shall be immediately suspended, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 19th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

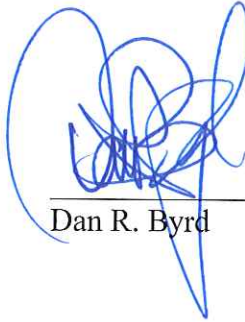
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 10th day of May, 2016, to:

April Echols
2508 Hilltop Ave.
Muskogee, OK 74403

**CERTIFIED MAIL NO:
7015 3010 0001 4736 6624**



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® _____

April Echols
 2508 Hilltop Ave.
 Muskogee, OK 74403
16-0491-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice--5-19-16)

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

7015 3010 0001 4736 6624

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 X <i>Tina Whitehurst</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. April Echols 2508 Hilltop Ave. Muskogee, OK 74403 16-0491-DIS/DRB(mt) (Cond. Adm. Ord. & Notice--5-19-16)</p> <p>9590 9403 0272 5155 0752 19</p>	<p>B. Received by (Printed Name) <i>Tina Whitehurst</i></p> <p>C. Date of Delivery <i>5-24</i></p>																
<p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 6624</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT MAY 2nd 2016</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input 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)	
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PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt