

**FILED**

JUN 03 2016

INSURANCE COMMISSIONER  
OKLAHOMA

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

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

**Case No. 16-0551-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 Misty Garcia (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100155619.

**ALLEGATIONS OF FACT**

1. On May 10, 2016, Respondent submitted to the Oklahoma Insurance Department (“Department”) Electronic Funds Transfers (“EFT”) of Three Dollars (\$3.00) for her ACIC100155619-April2016-Amended-01.DBF report and Three Dollars (\$3.00) for her ACIC100155619-April2016-Amended-02.DBF report.

2. On May 20, 2016, the Oklahoma State Treasurer charged the EFTs back to the Department as “Not Sufficient Funds”.

3. On May 26, 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 seven days of receipt of the letter.

4. On June 1, 2016, the Department received a money order number 20620175977 in the amount of Fifty-Six Dollars (\$56.00) replacing the funds, service fees, and ok.gov 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 Misty Garcia is **FINED** Two Hundred Fifty Dollars

(\$250.00).

Respondent is further notified that she 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 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

**If Respondent has not paid the fine ordered herein to 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 (31<sup>st</sup>) 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 3<sup>rd</sup> day of June, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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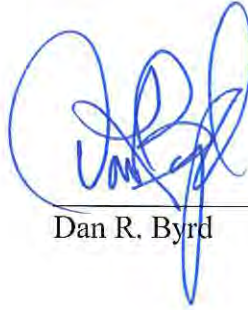
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 3rd day of June, 2016, to:

Misty Garcia  
P.O. Box 1687  
Stillwater, OK 74076-1687

**CERTIFIED MAIL NO:  
7015 3010 0001 4736 7409**



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Dan R. Byrd

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 \$ \_\_\_\_\_

Misty Garcia  
 P.O. Box 1687  
 Stillwater, OK 74076-1687  
**16-0551-DIS/DRB(mt)**  
**(Cond.Adm.Ord. & Notice-6-03-16)**

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:

Misty Garcia  
 P.O. Box 1687  
 Stillwater, OK 74076-1687  
**16-0551-DIS/DRB(mt)**  
**(Cond.Adm.Ord. & Notice-6-03-16)**



9590 9403 0272 5155 0764 38

2. Article Number (Transfer from service label)

7015 3010 0001 4736 7409

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Misty Garcia*  Agent  Addressee

B. Received by (Printed Name) *Misty Garcia* C. Date of Delivery *6-6-16*

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

OKLAHOMA INSURANCE  
 JUN 13 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  Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt