

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

**FILED**  
NOV 17 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,** )  
 )  
 )  
 **Petitioner,** )  
 )  
 **vs.** )  
 )  
 **KIMBERLY JOHNSTON a licensed bail bondsman in the State of Oklahoma, license # 100155624,** )  
 )  
 **Respondent.** )

**CASE NO. 16-1023-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, Sara A. Worten, and alleges and states as follows:

**JURISDICTION AND AUTHORITY**

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 et seq., as well as the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.
2. Kimberly Johnston (“Respondent”) is a licensed surety bondsman in the State of Oklahoma holding license number 100155624 with a surety appointment from Roche Surety & Casualty Company (“RSCC”).
3. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 59 O.S. § 1310.
4. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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.

5. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

6. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

#### **ALLEGATIONS OF FACTS**

7. Pursuant to 59 O.S. § 1314(B) and OAC 365:25-5-36(a), a licensed surety bondsman shall electronically submit monthly reports for each line of authority by the fifteenth day of each month.

8. Respondent failed to timely submit her September 2016 RSCC report, which was due no later than October 17, 2016. As of the date of filing this Conditional Order, Respondent has yet to file the RSCC report as required by OAC 365:25-5-36(a).

#### **ALLEGED CONCLUSIONS OF LAW**

9. Respondent has violated 59 O.S. § 1310(A)(24) by failing to timely file monthly reports for the month of September, as required by 59 O.S. § 1314.

#### **ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that Respondent violated the provisions of 59 O.S. §§ 1310(A)(24) and 1314 and is hereby **fined Two Hundred Fifty Dollars (\$250.00)**. **The fine is to be paid within thirty (30) days made payable to the Oklahoma Insurance**

**Department. Payment may be made by either cashier's check or money order and sent to the Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. If the fines are not paid within thirty (30) days, Respondent's license will be suspended and shall remain suspended until the fine is paid in full.**

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the mailing of this Order. Such request for hearing, if desired, shall be in writing, addressed to Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112, and shall state the basis for requesting the hearing. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 through 403. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a notice of the matters to be reviewed at the hearing and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing .

WITNESS My Hand and Official Seal this 17<sup>th</sup> day of November, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA


Sara A. Worten OBA# 21532  
Oklahoma Insurance Department  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
(405) 521-2746

**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 by certified mail, with postage prepaid and return receipt requested on this 17<sup>th</sup> day of November, 2016, to:

**CERTIFIED MAIL NO. 7016 0910 0000 5833 4537**

Kimberly Johnston  
9521 Perfect Dr.  
Stillwater, OK 74074-1199

  
Sara A. Worten  
Assistant General Counsel

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** \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Kimberly Johnston  
 9521 Perfect Dr.  
 Stillwater, OK 74074-1199  
**16-1023-DIS/SAW(mt)**  
**(Cond.Adm.Ord. & Notice ~11-17-16)**

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

7016 0910 0000 5833 4537

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>Kimberly Johnston                  9521 Perfect Dr.                  Stillwater, OK 74074-1199  <b>16-1023-DIS/SAW(mt)</b>  <b>(Cond.Adm.Ord. &amp; Notice ~11-17-16)</b></p> <p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  Legal Division                  NOV 29 2016</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p> <p>STILLWATER OK 74074-1199                  NOV 27 2016</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 4537</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 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>	

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