

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

FILED

DEC 14 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-1113-DIS
JASON WOODARD, 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, Barron B. Brown, 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., including the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.

2. Jason Woodard (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199501.

3. 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, by appropriate order of the Insurance Commissioner, 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 of a violation.

4. Pursuant to O.A.C. 365:1-7-1(a), Respondent may submit a written request for hearing in this matter. Upon receiving such a request, the Insurance Commissioner will appoint an

independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing as requested by Respondent. 36 O.S. § 619.

ALLEGATIONS OF FACT

1. On or about November 15, 2016, Respondent submitted a \$328.33 electronic funds transfer (“EFT”) to the Oklahoma Insurance Department Bail Bonds Division (“OID Bail”) for payment of his October 2016 monthly report reviewal fee. The aforementioned EFT was returned unprocessed to OID Bail due to insufficient funds in Respondent’s account.

2. On December 1, 2016, OID Bail sent Respondent notice of the November 15th insufficient EFT. As of the date of this Order, Respondent has replaced the November 15th insufficient EFT with the requisite funds.

3. OID Legal Division (“OID Legal”) records indicate that Respondent was previously fined \$250.00 for submitting an insufficient EFT to OID Bail in OID Legal Case No. 15-0782-DIS.

ALLEGED VIOLATIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(29); by uttering an insufficient electronic funds transfer to the Insurance Commissioner for fees received by the Commissioner from the bail bondsman.

ORDER

IT IS THEREFORE ORDERED that Respondent is FINED Five Hundred Dollars (\$500.00). 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. If the fine is not paid within thirty (30) days, Respondent’s license shall be immediately suspended and shall remain suspended until the fine is paid in full.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance

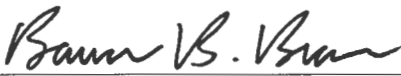
Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Oklahoma Insurance Code (36 O.S. §§ 101 et seq.), the Oklahoma Bail Bond Act (specifically- 59 O.S. §§ 1311-1311.1) and the Oklahoma Administrative Procedures Act (75 O.S. §§ 308a et seq.). If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as 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 14th day of December, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Barron B. Brown
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Barron B. Brown, 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 14th day of December, 2016, to:

Jason Woodard
P.O. Box 108
Oklahoma City, OK 73101-0108

CERTIFIED MAIL NO. 7016 0910 0000 5833 5978



Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
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 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) \$ _____

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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® _____

PS Form 3800, April 2015 PSN 7530-02-000-9053

Jason Woodard
 P.O. Box 108
 Oklahoma City, OK 73101-0108
 rlg/16-1113-DIS(BBB)/Cond Adm Ord

7016 0910 0000 5833 5978

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Jason Woodard P.O. Box 108 Oklahoma City, OK 73101-0108 rlg/16-1113-DIS(BBB)/Cond Adm Ord</p> <p>9590 9402 1736 6074 9349 92</p>	<p>B. Received by (Printed Name)</p> <p>Jason Woodard</p>	<p>C. Date of Delivery</p> <p>12-19-16</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>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 5978</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 checked="" 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> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 DEC 21 2016
 Legal Division

