

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
APR 11 2017
INSURANCE COMMISSIONER
OKLAHOMA

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

CASE NO. 17-0222-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, 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. §§ 1301-1340.

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

3. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 59 O.S. §§ 1310 and 1314.

4. 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.

5. 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 FACT

1. 59 O.S. § 1314 (D) requires each bail bondsman to submit to the Insurance Commissioner a monthly report of the bondsman. If new liability is written that month the bail bondsman is required to submit a reviewal fee to the Insurance Commissioner. The amount of the reviewal fee is equal to two-tenths of one percent (2/10 of 1%) of the new liability written for that month. The Insurance Commissioner then transfers the funds to the Office of the State Treasurer. 59 O.S. § 1314 (D)

2. In February 2017, Respondent submitted his January 2017 monthly report showing the new bonds written for the month.

3. Based on the February 2017 report Respondent owed Four Hundred Forty-nine Dollars and Sixteen Cents (\$449.16) in reviewal fees.

4. On February 27, 2107, the State Treasurer notified the Oklahoma Department of Insurance (the "Department") that Respondent owed Four Hundred Forty-nine Dollars and Sixteen Cents (\$449.16) in reviewal fees and reported he submitted insufficient funds for payment of those reviewal fees on February 17, 2017.

5. As of the date of filing this Conditional Order, Respondent has not paid the \$449.16 due in reviewal for his January 2017 liability.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(29) for uttering insufficient electronic funds transfer for payments received by the Commissioner from the Respondent.

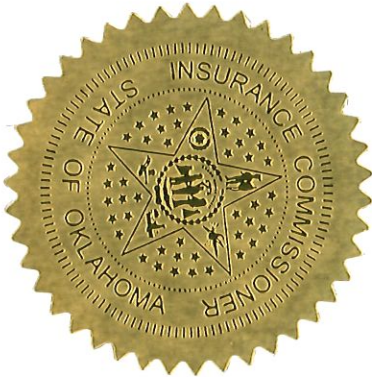
ORDER

IT IS THEREFORE ORDERED that Jason Woodard is **FINED** One Thousand Dollars (\$1,000.00). The fine is to be paid within thirty (30) days of receipt of order. **Failure to pay the fine within the thirty (30) days allotted shall result in suspension of license.**


Respondent is further notified that she may request a hearing within thirty (30) days of receipt of this Order, 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 Sara A. Worten, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112, and shall specify the grounds to be relied upon as a basis for relief demanded at the hearing.

If Respondent does not request a hearing within the 30 days allotted, this Conditional Administrative Order shall become a FINAL ORDER on the 31st day following Respondent's receipt of the Order.

WITNESS My Hand and Official Seal this 17th day of April 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
Tel. (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 certified, return receipt requested, on this 11th day of April 2017 to:

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

**CERTIFIED MAIL NO.
7016 0910 0000 8401 3659**


Sara A. Worten

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

7016 0910 0000 8401 3659

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®

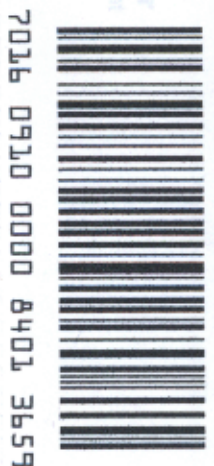


Jason Woodard
P.O. Box 108
Oklahoma City, OK 73101-0108
17-0222-DIS/SAW(mt)
(Cond. Adm. Ord. & Notice -4-11-17)

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions



JOHN D. DOAK
Insurance Commiss
Oklahoma Insurance Depe
5 Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112-4611



7016 0910 0000 8401 3659

CERTIFIED MAIL

NEOPOST FIRST-CLASS MAIL
04/11/2017
US POSTAGE \$006.56



ZIP 73112
041M11276941

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
MAY 08 2017
Legal Division

2017 MAY 5 AM 11 35

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

NIXIE

731 DE 1

0005/03/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451999 *2457-04854-05-19

UNC
731124519

**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, and 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

Jason Woodard
 P.O. Box 108
 Oklahoma City, OK 73101-0108
 17-0222-DIS/SAW(mt)
 (Cond. Adm. Ord. & Notice -4-11-17)



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 0910 0000 8401 3659



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:

Jason Woodard
 P.O. Box 108
 Oklahoma City, OK 73101-0108
 17-0222-DIS/SAW(mt)
 (Cond. Adm. Ord. & Notice -4-11-17)

OKLAHOMA INSURANCE COMPANY

MAY 08 2017

Legal Division



9590 9402 1736 6074 9237 29

2. Article Number (Transfer from service label)

7016 0910 0000 8401 3659

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature** Agent Addressee
- B. Received by (Printed Name)** _____
- C. Date of Delivery** _____

RECEIVED delivery address different from item 1? Yes No
 delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt