

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

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

**FILED**  
JUN 04 2012  
INSURANCE COMMISSIONER  
OKLAHOMA  
Case No. 12-0515-DIS

**CONDITIONAL ADMINISTRATIVE ORDER OF CENSURE  
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. Candise Adcock (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200181.

**FINDINGS OF FACT**

1. On April 14, 2012, Respondent filed electronically with the Insurance Commissioner her March 2012 Safety National Casualty Corporation (“Safety National”) report and her March 2012 cash bondsman report.

2. Respondent submitted “Uncollected Funds” Electronic Funds Transfers (“EFT”) for fees owed on the reports listed above. The reviewal fee for her Safety National report was \$322.86.

The fee for the cash report was \$3.

3. On May 8, Department staff sent Respondent a letter by email and certified mail, informing her of the EFTs and instructing her to replace the funds, along with a \$25 service fee for each EFT, within five days of receipt of the letter. The total amount owed to the Department was \$375.86.

4. Respondent received the letter on May 10, 2012.

5. On May 24, 2012, Respondent replaced the funds and paid the service fees for each with three money orders.

### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

### **ORDER**

**IT IS THEREFORE ORDERED that Candise Adcock is CENSURED.**

IT IS FURTHER ORDERED that this Order constitutes disciplinary action and may be used in any subsequent hearings by the Insurance Department. In the event other misconduct is reported to the Department, this Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

Respondent is notified that she may request a hearing within 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions**

**described herein and any defenses thereto.**

If Respondent does not request a hearing within the 30 days allotted, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following the receipt of the Order and Respondent shall be censured.

WITNESS My Hand and Official Seal this 4<sup>th</sup> day of June, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Buddy Combs", written over a horizontal line.

William G. "Buddy" Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

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 4<sup>th</sup> day of June, 2012, to:

Candise Adcock  
446 W. Main St.  
Yukon, OK 73099-1218

  
\_\_\_\_\_  
William G. "Buddy" Combs

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

7001 0320 0004 4250 2819

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



**Total Postage:**

Sent To: Candise Adcock  
 446 W. Main St.  
 Yukon, Ok 73099-1218  
 City, State, ZIP: sms/12-0515-DIS/Cond. Ord.

PS Form 3800, See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Candise Adcock  
 446 W. Main St.  
 Yukon, Ok 73099-1218  
 sms/12-0515-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Candise Adcock*

B. Received by (Printed Name)  
 Adam Norton

C. Date of Delivery  
 JUN 05 2012

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

Legal Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OKLAHOMA INSURANCE DEPARTMENT

JUN 07 2012



2. Article Number (Transfer from service label) 7001 0320 0004 4250 2819