

informing her of the EFT and instructing her to replace the funds, along with a \$25 service fee within five days of receipt of the letter. The total amount owed to the Department was \$28.00.

4. Respondent received the letter on May 22, 2012.

5. On May 24, 2012, Respondent replaced the funds and paid the service fee with money order number 7004149884.

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 Katie Hazelwood 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 56th 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 31st day following the receipt of the Order and Respondent shall be

censured.

WITNESS My Hand and Official Seal this 4th day of June, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

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 4th day of June, 2012, to:

Katie Hazelwood
P.O. Box 1792
OKC, OK 73101-1792



William G. "Buddy" Combs

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

7001 0320 0004 4250 2864

OFFICIAL RECEIPT

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



Total Post

Sent To: **Katie Hazelwood**

Street, Apt or PO Box: **P.O. Box 1792**

City, State: **OKC, OK 73101-1792**

sms/12-0516-DIS/Cond. Ord.

PS Form 3800, January 2001 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:

Katie Hazelwood
P.O. Box 1792
OKC, OK 73101-1792
sms/12-0516-DIS/Cond. Ord.

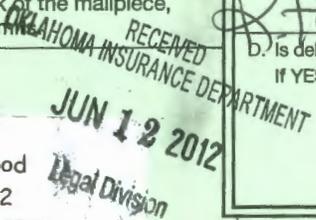
COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *6-8-12*

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



3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0004 4250 2864**