

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

FILED
JAN 21 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-1184-DIS
CLYDE LAFFERTY, 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 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 Clyde Lafferty (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200096.

FINDINGS OF FACT

1. On October 5, 2015 the Oklahoma Insurance Department (the “Department”) received a letter from Christy Matli, Blaine County Deputy Court Clerk, dated September 30, 2015, in which Ms Matli advised that on August 16, 2015, Respondent wrote two appearance bonds on Defendant Thomas Weldon Mills in Blaine County, Oklahoma. That Respondent did not register and pay his fee as an Out of County Bondsman prior to writing these bonds. That Respondent as of the date of the letter, September 30, 2015, has still not registered or paid his out of county fee.

2. 59 O.S. § 1320(B) provides that an “Out of County” bondsman shall advise the court clerk of each such county in writing of his intention to write bonds in the county and shall file a certified copy of his license (from his resident county) with and pay a fee of Ten Dollars (\$10.00) to each such court clerk.

CONCLUSIONS OF LAW

3. Respondent has violated 59 O.S. § 1320(B) when he executed two appearance bonds for Defendant Thomas Weldon Mills on August 16, 2015 in Blaine County, Oklahoma without having first filed a certified copy of his license (from his resident county) with and paid a fee of Ten Dollars (\$10.00) to the Blaine County Court Clerk.

4. Respondent has violated 59 O.S. § 1310(A)(2) by violating a law of this state relating to bail.

5. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title 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.”

ORDER

IT IS THEREFORE ORDERED that Clyde Lafferty is **CENSURED** and **FINED** Five Hundred Dollars (\$500.00) for executing two appearance bonds for Defendant Thomas Weldon Mills on August 16, 2015 in Blaine County, Oklahoma without having first filed a certified copy of his license (from his resident county) with and paid a fee of Ten Dollars (\$10.00) to the Blaine County Court Clerk.

Respondent is further notified that he 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

Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and state the basis for requesting the hearing.

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 the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 21st day of January, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



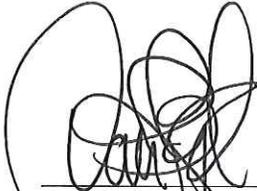
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 21st day of January, 2016, to:

Clyde Lafferty
305 E. Industrial Rd.
Guthrie, OK 73044

**CERTIFIED MAIL NO:
7015 0640 0002 7406 5449**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

7015 0640 0002 7406 5449

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____



Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Clyde Lafferty
 305 E. Industrial Rd.
 Guthrie, OK 73044
 15-1184-DIS/DRB(mt)
 (Cond. Adm. Ord & Notice-1-21-16)

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

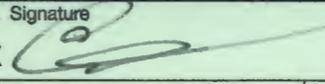
SENDER: COMPLETE THIS SECTION

- 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:

Clyde Lafferty
 305 E. Industrial Rd.
 Guthrie, OK 73044
 15-1184-DIS/DRB(mt)
 (Cond. Adm. Ord & Notice-1-21-16)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JAN 26 2016
 Legal Division



9590 9403 0272 5155 0711 81

2. Article Number (Transfer from service label)
 7015 0640 0002 7406 5449

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt