

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
) Petitioner,)
))
vs.)
))
KEVIN LEE CROUCH, a licensed bail bondsman) CASE NO. 11-1140-DIS
in the State of Oklahoma,)
))
) Respondent.)
))
))
))

FILED
DEC 19 2011
INSURANCE COMMISSIONER
OKLAHOMA

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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
2. Respondent Kevin Lee Crouch (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 80776.

FINDINGS

1. On November 14, 2011, Respondent filed with the Insurance Commissioner a paper report for the month of October, 2011, but failed to file an electronic monthly report with the Insurance Commissioner, as required by 59 O.S. § 1314(B).

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

ORDER

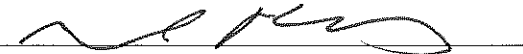
IT IS THEREFORE ORDERED that Kevin Lee Crouch is fined Two Hundred Fifty Dollars (\$250.00).

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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 13th day of December, 2011.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Michael P. Copeland
Assistant General Counsel
3625 NW 56th 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 14 day of December, 2011, to:

Kevin Lee Crouch
914 N West St.
McAlester, OK 74501



Michael P. Copeland



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:

Kevin Lee Crouch
 914 N West Street
 McAlester, OK. 74501
 11-1140-DIS Cond. *add*
 KH

2. Article Number

(Transfer from service label)

7001 0320 0004 2106 4567

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]
 B. Received by (Printed Name)
 R. Rame

Agent

Addressee

C. Date of Delivery

12-21-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

OKLAHOMA INSURANCE DEPARTMENT

DEC 23 2011

3. Service Type/Division

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

OFFICIAL USE

7001 0320 0004 2106 4567

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

DEC 19 2011
 Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Kevin Lee Crouch
 914 N West Street
 McAlester, OK. 74501

PS Form 3800, January 2001

See Reverse for Instructions