

assessed. The letter also instructed that \$166.30 for the amount of the EFT and \$25.00 for the service fee, for a total of \$191.30, be paid to the Department by cashier's check or money order within five (5) days of receipt of the letter.

3. On July 17, 2012, Van Brunt replaced the insufficient funds with money order number 220007857 in the amount of \$191.30.

CONCLUSION OF LAW

1. Respondent acted in violation of 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Insurance Commissioner.

ORDER

IT IS THEREFORE ORDERED that Charles David Van Brunt is hereby censured.

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 Insurance Department shall conduct a hearing before an independent hearing examiner in accordance with the Bail Bond Code, OKLA. STAT. tit. 59, §§ 1301 et seq., and the Oklahoma Administrative Procedures Act, OKLA. STAT. tit. 75, §§ 301 et seq. 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. Such written request shall include an explanation of Respondent's actions described herein and any defenses thereto.

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. **This is Respondent's second**

violation of 59 O.S. § 1310(A)(27) in the last two months. Further such violations will not result in a censure, but in a fine.

If Respondent does not request a hearing within the 30 days allotted, this Order shall be a FINAL ORDER on the 31st day following the receipt of the Order, and Charles David Van Brunt shall be censured.

WITNESS My Hand and Official Seal this 31ST day of July, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

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 31st day of July, 2012, to:

Charles David Van Brunt
34704 Lake Rd.
Shawnee, OK 74801-2462

**CERTIFIED MAIL NO:
7006 2760 0005 6605 7373**



William G. "Buddy" Combs

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

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

OFFICIAL USE

7006 2760 0005 6605 7373

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



Total Postage **Charles David Van Brunt**
34704 Lake Rd.
Shawnee, OK 74801-2462

Sent To
 Street, Apt. No. or PO Box No. **12-0693-DIS/WGC(mt)Con. Adm. Ord.**
 City, State, ZIP

PS Form 3800, August 2006

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:

Charles David Van Brunt
34704 Lake Rd.
Shawnee, OK 74801-2462
12-0693-DIS/WGC(mt)Con. Adm. Ord.

OKLAHOMA

AUG 07 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) **Charles David Van Brunt**
 C. Date of Delivery

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

INSURANCE DEPARTMENT

Legal 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)

7006 2760 0005 6605 7373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540