

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

MAR 08 2013

INSURANCE COMMISSIONER  
OKLAHOMA

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

Case No. 13-0132-DIS

**AMENDED 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 Robert Hawkins (“Respondent”) is a licensed bail bondsman in the  
State of Oklahoma holding license number 79758.

**FINDINGS OF FACT**

1. Respondent submitted his September 2012 Seneca Insurance Company (“SIC”) report late on October 17, 2012. The report was due October 15, 2012.

2. Respondent submitted his October 2012 SIC report late on November 16, 2012. The report was due November 15, 2012.

3. Respondent submitted his November 2012 SIC report on time.
4. Respondent submitted his December 2012 SIC report late on January 22, 2013.

The report was due on January 15, 2013.

#### CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by 59 O.S. § 1314.
2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”
3. 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 Robert Hawkins is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).**

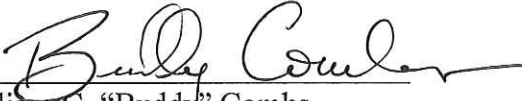
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 8<sup>th</sup> day of March, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
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) 522-0125

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 8<sup>th</sup> day of March, 2013, to:

Robert Hawkins  
3101 N. Classen Blvd., Suite 111  
Oklahoma City, OK 73118-3819

  
Buddy Combs

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

7001 0320 0003 9967 1590

**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
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Sent To: Robert Hawkins  
 3101 N. Classen Blvd., Suite 111  
 OKC, OK 73118-3819  
 sms/13-0132-DIS/Amend Cond. Ord.

Postmark Here: MAR 8 2013

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>Jessica Hawkins</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>Jessica Hawkins</i></p> <p>C. Date of Delivery      MAR 2 2013</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Robert Hawkins          3101 N. Classen Blvd., Suite 111          OKC, OK 73118-3819          sms/13-0132-DIS/Amend Cond. Ord.</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p> <p>7001 0320 0003 9967 1590</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540