

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

FILED
APR 17 2013
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
)	
vs.)	Case No. 13-0406-DIS
)	
PAUL HUMPHREY, 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 Paul Humphrey (“Humphrey”) is a licensed bail bondsman in the State of Oklahoma holding license number 100141421.

FINDINGS OF FACT

1. From January 17, 2013, until March 27, 2013, Respondent was appointed to write bail bonds by power of attorney on behalf of Crum & Forster Indemnity Company (“CFIC”).
2. Respondent’s January 2013 CFIC report indicated his total remaining outstanding liability under CFIC was \$0.
3. Respondent failed to file with the Insurance Commissioner his February 2013 CFIC

surety report.

4. On March 18, 2013, as a courtesy, Oklahoma Insurance Department Staff sent Respondent an email regarding his failure to file the report.

5. As of the date of this Order, Respondent has not filed the report.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

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 Paul Humphrey is CENSURED.

IT IS FURTHER ORDERED that Paul Humphrey shall file his February 2013 CFIC report and pay all associated fees within 30 days of receipt of this Order. If he does not, his license shall be **SUSPENDED on the 31st day following receipt, and the suspension shall remain in effect until the report and fees are submitted to the Department.**

Respondent is 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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent's actions alleged 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.

WITNESS My Hand and Official Seal this 17th day of April, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "W.G. 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) 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 17th day of April, 2013, to:

Paul Humphrey
217 N. Harvey Ave., Suite 103A
Oklahoma City, OK 73102-3803

and

Paul Humphrey
2116 Parkview Dr.
Moore, OK 73170

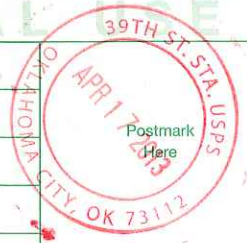


William G. "Buddy" Combs

U.S. Postal Service *14-LEGAL*
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0003 9967 4485

OFFICIAL USE	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total Postage & Fees	_____
Sent To	
Paul Humphrey	
217 N. Harvey Ave., Suite 103A	
Oklahoma City, OK 73102-3803	
rlg/13-0406-DIS/Cond.Adm.Ord.	
PS Form 3800, January 2004 <small>Instructions</small>	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>x D. Evans</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. EVANS</i></p> <p>C. Date of Delivery <i>4/18/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Paul Humphrey 217 N. Harvey Ave., Suite 103A Oklahoma City, OK 73102-3803 rlg/13-0406-DIS/Cond.Adm.Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT APR 22 2013</p>
<p>2. Article Number (Transfer from service label)</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>7001 0320 0003 9967 4485</p>	
<p>PS Form 3811, February 2004 <small>Domestic Return Receipt</small> 102595-02-M-1540</p>	

U.S. Postal Service *144 Legal*
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0003 9967 4478

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

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

Paul Humphrey
 2116 Parkview Dr.
 Moore, OK 73170
 rig/13-0406-DIS/Cond.Adm.Ord.

39TH ST. STA. USPS
 APR 17 2013
 MOORE, OK 73112

PS Form 3800, January 2004 Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>APR 22 2013</p>
<p>1. Article Addressed to:</p> <p>Paul Humphrey 2116 Parkview Dr. Moore, OK 73170 rig/13-0406-DIS/Cond.Adm.Ord.</p>	<p>3. Service Type</p> <p><input 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>
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PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540