

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

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

JUL 03 2013

INSURANCE COMMISSIONER  
OKLAHOMA

Case No. 13-0593-DIS

**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. Charles David Van Brunt ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 200056.

**FINDINGS OF FACT**

1. On May 10, 2013, Respondent submitted to the Oklahoma Insurance Department ("the Department") his April 2013 Crum & Forster Indemnity Company report.

2. With the report, Respondent submitted an Electronic Funds Transfer ("EFT") of Thirty-Eight Dollars and Sixty-Nine Cents (\$38.69). The Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."

3. On May 28, 2013, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, requesting that the funds be replaced and a service fee of \$25.00 be paid

within five days of receipt of the letter. Respondent signed for the certified mailing on June 7, 2013.

4. On June 18, 2013, Respondent replaced the EFT and paid the service fee owed with cashier's check 220009821 in the amount of \$63.69.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Charles David Van Brunt is 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 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> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondent's actions described herein and any defenses thereto.**

If Respondent fails to request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 20<sup>th</sup> day of July, 2013.




JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
Buddy Combs  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746

**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 28 day of July, 2013, to:

Charles David Van Brunt  
34704 LAKE RD  
SHAWNEE, OK 74801-2462

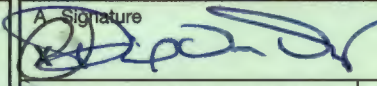
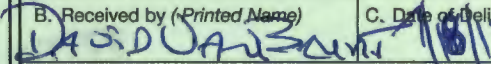
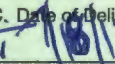
  
Buddy Combs

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

7001 0320 0004 4250 0129

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		
Sent To <b>Charles David Van Brunt</b> 34704 Lake Rd. Shawnee, Ok 74801-2462 sms/13-0593-DIS/Cond Ord		
Street, Apt. No or PO Box No City, State, Zip		
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>		

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>	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">                     Charles David Van Brunt                      34704 Lake Rd.                      Shawnee, Ok 74801-2462                      sms/13-0593-DIS/Cond Ord                 </div>	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 
	C. Date of Delivery 
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
	RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUL 10 2013 Legal Division
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7001 0320 0004 4250 0129
PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span>	