

Oklahoma Insurance Department (“OID”) staff sends an E-mail to the bondsman advising of the license expiration date.

4. Respondent’s birth month is April. Accordingly, his license expired at midnight, April 30, 2013.

5. On May 23, 2013, Respondent renewed his license.

6. OID personnel conducts audits of late renewals to determine if bondsmen execute any bonds during periods they were not licensed. Investigation of bonds executed in the county and municipality in which Respondent operates revealed that, during the unlicensed period, Respondent executed six (6) appearance bonds. These bonds totaled \$71,000.00.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct and Respondent has violated 59 O.S. §§ 1303(A) and 1320(A), and Oklahoma Administrative Code 365:25-5-35(E) by executing bail bonds in Oklahoma without a valid Oklahoma bail bond license.

ORDER

IT IS THEREFORE ORDERED that William Kilpatrick is hereby 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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **provide an explanation of Respondent’s actions described 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 3rd day of July, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script that reads "Buddy Combs".

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, Buddy Combs, 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 via certified mail with return receipt requested on this 3rd day of July, 2013, to:

William Kilpatrick
9531 NEW SAPULPA ROAD
SAPULPA, OK 74066

A handwritten signature in cursive script that reads "Buddy Combs".
Buddy Combs

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

7001 0320 0003 9966 7616

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To William Kilpatrick 9531 New Sapulpa Rd Sapulpa, OK 74066 sms/13-0624-DIS/Cond. Ord.		
Street, Apt. No., or PO Box No.		
City, State, ZIP+		

PS Form 3800, January 2001 See Reverse for 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 * <i>William Kilpatrick</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W Kilpatrick</i></p> <p>C. Date of Delivery <i>7-5</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> <p style="text-align: center;"> GALATONIA INSURANCE DEPARTMENT JUL 09 2003 William Kilpatrick 9531 New Sapulpa Rd Legal Division Sapulpa, OK 74066 sms/13-0624-DIS/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 style="text-align: center;">7001 0320 0003 9966 7616</p>	