

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,	)	
Petitioner,	)	
vs.	)	
	)	Case No. 14-0022-DIS
RUSSELL KECK, a licensed bail bondsman in the State of Oklahoma,	)	
Respondent.	)	

**FILED**

JAN 30 2014

INSURANCE COMMISSIONER  
OKLAHOMA

**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 Russell Keck (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200068.

**FINDINGS OF FACT**

1. Respondent submitted his February 2013 Crum & Forester Indemnity Company (“CFIC”) report to the Oklahoma Insurance Department (“Department”) on Thursday, March 21, 2013—6 days after the report was due on Friday, March 15, 2013.
2. Respondent submitted his April 2013 CFIC report to the Department on Wednesday, May 22, 2013 – 7 days after the report was due on Wednesday, May 15, 2013.

3. Respondent submitted his November 2013 CFIC report to the Department on Tuesday, December 17, 2013 - 1 day after the report was due on Monday, December 16, 2013.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 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 Russell Keck 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 Dan R. Byrd, 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.**

WITNESS My Hand and Official Seal this 30th day of January, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

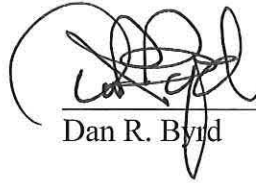
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Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 30th day of January, 2014, to:

Russell Keck  
424 E. Dewey Ave.  
Sapulpa, OK 74066-4304



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Dan R. Byrd

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

7001 0320 0004 4249 1779

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	



Sent To: **Russell Keck**  
 424 E. Dewey Ave.  
 Sapulpa, OK 74066-4304  
 City, State, ZIP+4: **sms/14-0022-DIS/Cond Ord**

PS Form 3800, January 2007 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: **OKLAHOMA INSURANCE DEPARTMENT**

**Russell Keck**  
 424 E. Dewey Ave.  
 Sapulpa, OK 74066-4304  
 sms/14-0022-DIS/Cond Ord

FEB 07 2014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: **2-4-14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. 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) **7001 0320 0004 4249 1779**