

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

FILED
FEB 19 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, Petitioner,)	
vs.)	
PATRICK DON REDDEN, a licensed bail bondsman in the State of Oklahoma, Respondent.)	Case No. 15-0172-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. Respondent Patrick Don Redden (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100188001.

FINDINGS OF FACT

1. Respondent was first licensed on April 22, 2014. Respondent was appointed with professional bail bondsman Curtis Pletcher from May 22, 2014 until September 2, 2014. Curtis Pletcher changed from Professional to Multi-County Agent and did not reappoint Respondent. Respondent does not have any other appointments. Once Respondent was cancelled by Pletcher, he was required to submit a monthly report for his surety bail line of authority.
2. Respondent failed to file his October 2014 surety report with the Oklahoma Insurance

Department (“Department”), which was due Monday, November 17, 2014.

3. Respondent failed to file his November 2014 surety report with the Department, which was due Monday, December 15, 2014.

4. Respondent failed to file his December 2014 surety report with the Department, which was due Thursday, January 15, 2015.

5. Department staff sent email letters to Respondent on January 5, 2015 and January 16, 2015 advising him to file the reports. On January 16, 2015, Respondent called and spoke with Department staff. Respondent did not understand he would have to file a report since he does not have an appointment. Department staff explained that the reports were required.

6. Respondent sent an email to Department staff on January 19, 2015 stating that he would file the reports that night or the next morning.

7. As of this date, the reports have not been filed with the Department.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(23) for failing to respond to a properly mailed notification within a reasonable time.

2. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.

3. 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.”

4. 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 Patrick Don Redden is **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00). Respondent is further notified that he may request a hearing within thirty (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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 19th day of February, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

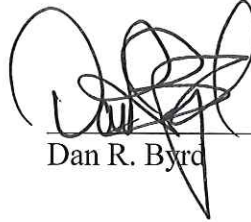
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 19th day of February, 2015, to:

Patrick Don Redden
119 Decker
Meeker, OK 74855

**CERTIFIED MAIL NO:
7014 2870 0000 5493 4525**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only


For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7014 2870 0000 5493 4525

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		Patrick Don Redden
Sent To	119 Decker	
Street & Apt. No., or PO Box No.	Meeker, OK 74855	
City, State, ZIP+4	15-0172-DIS/DRB(mt) (Cond. Adm. Ord. ~2-19-15)	

PS Form 3800, July 2014 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 <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Patrick Redden</p> <p>C. Date of Delivery 3-2-15</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 style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 04 2015</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Patrick Don Redden 119 Decker Meeker, OK 74855 15-0172-DIS/DRB(mt) (Cond. Adm. Ord. ~2-19-15) </div>	<p>3. Service Type <input checked="" type="checkbox"/> Registered Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7014 2870 0000 5493 4525</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	