

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
MAR 13 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
BRYAN BULLARD, a licensed bail bondsman)
in the State of Oklahoma,)
AND)
ROBERTA AGUILAR, a professional bail)
bondsman licensed in the State of Oklahoma,)
Respondents.)

CASE NO. 15-0261-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 Bryan Bullard (“Bullard”) is a licensed bail bondsman in the State of Oklahoma holding license number 100105866.
3. Respondent Roberta Aguilar (“Aguilar”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199461.

FINDINGS OF FACT

1. On or about October 2, 2014, an appearance bond was executed as follows:

Defendant:	William Avila Rosales
Case Number(s):	CF-2014-3223
City/County:	Tulsa County Court Clerk
Insurer:	Roberta Aguilar
Bondsman:	Bryan Bullard
Power Number(s):	ABB-14-23471
Bond Amount(s):	\$4500

2. On November 10, 2014, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on November 17, 2014. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Bullard's copy of the Order and Judgment of Forfeiture was unclaimed.

4. Aguilar received a copy of the Order and Judgment of Forfeiture on November 19, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, February 17, 2015.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, February 18, 2015.

7. The bond forfeiture was paid late on Thursday, February 19, 2015.

8. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

9. The bond was reported.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332 by failing to return the Defendant within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture and 59 O.S. §§ 1310(A)(24) and 1314(B) for failing to report the bond.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

ORDER

IT IS THEREFORE ORDERED that Bryan Bullard and Roberta Aguilar are each CENSURED and **FINED** Two Hundred Fifty Dollars (\$250.00).

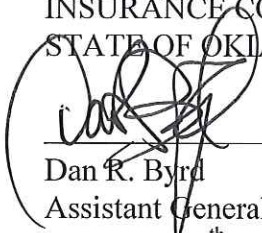
Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

If Respondents do 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, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 13th day of March, 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

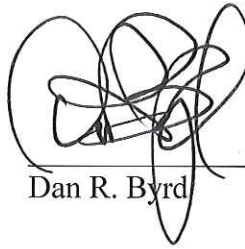
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 13th day of March, 2015, to:

Bryan Bullard
6726 E. 76th St.
Tulsa, OK 74133-3422

**CERTIFIED MAIL NO:
7014 2870 0000 5492 8081**

Robert Aguilar
121 N. Denver Ave.
Tulsa, OK 74103-1819

**CERTIFIED MAIL NO:
7014 2870 0000 5492 8098**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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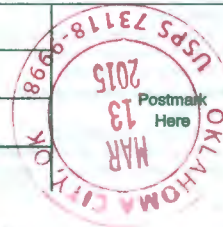
7014 2870 0000 5492 8098

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To	Roberta Aguilar	
Street & Apt. No., or PO Box No.	121 N. Denver Ave.	
City, State, ZIP+4	Tulsa, OK 74103-1819	
	15-0261-DIS/DRB(mt)	
	(Cond.Adm.Ord. ~3-13-15)	

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) EDGAR</p>	<p>C. Date of Delivery 3-16-15</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Roberta Aguilar 121 N. Denver Ave. Tulsa, OK 74103-1819 15-0261-DIS/DRB(mt) (Cond.Adm.Ord. ~3-13-15)</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 19 2015 Legal Division</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
	<p>7014 2870 0000 5492 8098</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

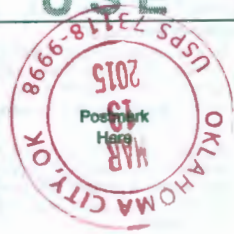
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OFFICIAL USE

7014 2870 0000 5492 8081

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



Total Postage & Sent To: **Bryan Bullard**
 6726 E. 76TH St.
 Tulsa, OK 74133-3422
15-0261-DIS/DRB(mt)
(Cond.Adm.Ord. ~3-13-15)

PS Form 3800, July 2014 See Reverse for Instructions

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<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"/> <i>B Bullard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bryan Bullard</i></p> <p>C. Date of Delivery MAR 17 2015</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>Bryan Bullard 6726 E. 76TH St. Tulsa, OK 74133-3422 15-0261-DIS/DRB(mt) (Cond.Adm.Ord. ~3-13-15)</p> </div>	<p>MAR 20 2015 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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