

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

FILED
APR 08 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-0333-DIS
PATRICK DON REDDEN, a licensed bail)	
bondsman in the State of Oklahoma,)	
Respondent.)	

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 failed to file his January 2015 Surety report with the Oklahoma Insurance Department (“Department”), which was due Tuesday, February 17, 2015.
2. On March 10, 2015, Department staff emailed a letter to Respondent advising him to file the report.
3. As of today’s date, Respondent has not filed the report with the Department.
4. Respondent has failed to file his October 2014, November 2014, and December 2014

Surety reports with the Department.

5. As of today's date, Respondent has not filed these reports with the Department.

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. Respondent has violated 59 O.S. § 1314(D) for failing to pay renewal fees.
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** Five Hundred Dollars (\$500.00). 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, Respondent's license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 8th day of April, 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

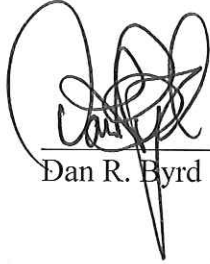


CERTIFICATE OF MAILING

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 8th day of April, 2015, to:

Patrick Don Redden
119 Decker
Meeker, OK 74855

**CERTIFIED MAIL NO:
7014 2870 0000 5492 9644**



Dan R. Byrd

7014 2870 0000 5492 9644

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

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



Total Postage & I Patrick Don Redden
 Sent To 119 Decker
 Street & Apt. No., Meeker, OK 74855
 or PO Box No. 15-0333-DIS/DRB(mt)
 City, State, ZIP+4 (Cond.Adm.Ord~ 4-08-15)

PS Form 3800, July 2014

See Reverse for Instructions



JOHN D. DOAK

Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL®



7014 2870 0000 5492 9644

neopost
04/08/2015

FIRST CLASS MAIL

US POSTAGE \$006.48



ZIP 73112
041L12203132

2015 JUN 9 AM 8 11

4-15
4-22
5-2

Patrick Don Redden
 119 Decker
 Meeker, OK 74855

5-5

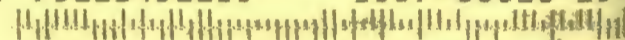
2nd class
Return 5/15
5/26

NIXIE 731 DE 1 0006/07/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451125 *2557-00016-13-27

731124511



7014 2870 0000 5492 9644

OFFICIAL MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

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



Total Postage & I Patrick Don Redden
 Sent To 119 Decker
 Meeker, OK 74855
 Street & Apt. No., or PO Box No. 15-0333-DIS/DRB(mt)
 City, State, ZIP+4 (Cond.Adm.Ord~ 4-08-15)

PS Form 3800, July 2014 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Patrick Don Redden
 119 Decker
 Meeker, OK 74855
 15-0333-DIS/DRB(mt)
 (Cond.Adm.Ord~ 4-08-15)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

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

Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7014 2870 0000 5492 9644

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
JUN 10 2015