

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

**FILED**  
JUN 19 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN  
D. DOAK, Insurance Commissioner,** )  
)  
)  
**Petitioner,** )  
)  
)  
**v.** )  
)  
**RONNIE EUGENE BOWEN,** )  
**an unlicensed producer,** )  
)  
**Respondent.** )

**Case No. 15-0696-UNI**

**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 his attorney, Dan R. Byrd, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.
2. Respondent, Ronnie Eugene Bowen, is an Oklahoma producer. His producer license 0000091671 lapsed on November 1, 2013 for failing to renew. His address of record is 302 Kingsbury Drive, Muskogee, OK 74003.
3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code, 36 O.S. § 1435.13(A) and (D).

### ALLEGATIONS OF FACT

1. Respondent was requested by Mark Drummond, an Investigator, of the Oklahoma Insurance Department's (the "Department") Anti-Fraud Unit to submit an application to reinstate his producer license on June 11, 2015.

2. Department records show that Respondent's license became inactive on November 1, 2013 for failing to renew.

3. Respondent was required to maintain an active license while conducting an insurance business during the time frame of November 2013 to date.

### CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.4(A) in failing to maintain an active producer license while conducting an insurance-related business, thereby in violation of 36 O.S. § 1435.13(A)(2).

### ORDER

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 1435.13(A)(2) and as a result **Respondent is FINED** in the amount of **ONE THOUSAND DOLLARS (\$1000.00)**. **Fine to be paid within thirty (30) days of receipt of this Order.**

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW

56<sup>th</sup> Street, Suite 100 Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of June, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is stylized and somewhat illegible.

Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746  
Facsimile: (405) 522-0125

**CERTIFICATE OF MAILING**

I, Dan R. Byrd, 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 by certified mail with postage prepaid and return receipt requested on this ~~19th~~ day of June, 2014 to:

Ronnie Eugene Bowen  
302 Kingsbury Drive  
Muskogee, OK 74003

**CERTIFIED MAIL NO: 7015 0640 0004 4933 9573**

and that notification was sent to:

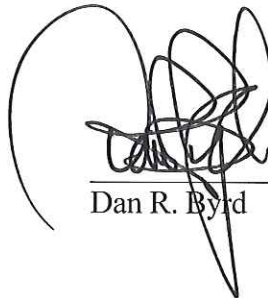
NAIC/RIRS

and that a copy was delivered to:

Mark Drummond  
Anti-Fraud Unit

Courtney Phipps  
Licensing Division

Karen Wojtek  
Licensing Division



Dan R. Byrd



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 Street and Apt. No., # \_\_\_\_\_  
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Ronnie Eugene Bowen  
 302 Kingsbury Drive  
 Muskogee, OK 74003  
 15-0696-DIS/DRB  
 (Cond. Adm. Ord. ~ 6-19-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  * <i>Ron Bowen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Ron Bowen</i></p> <p>C. Date of Delivery  <i>6-23</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>JUN 26 2015                  Local Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">                     Ronnie Eugene Bowen                      302 Kingsbury Drive                      Muskogee, OK 74003                      15-0696-DIS/DRB                      (Cond. Adm. Ord. ~ 6-19-15)                 </div>	<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>
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<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	