

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

SEP 1⁵ 2015

**INSURANCE COMMISSIONER
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
)

Petitioner,)
)

v.)

Case No. 15-0890-DIS

TROY SQUYRES 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 is a licensed bail bondsman in the State of Oklahoma, holding license number 40094029.

FINDINGS OF FACT

1. Pursuant to 59 O.S. § 1314(B) and OAC 365:25-5-36, each bail bondsman is required to submit electronically filed monthly reports to the Oklahoma Insurance Commissioner (“Commissioner”) within fifteen (15) days after the end of each preceding month. Said reports must be filed electronically with the Commissioner.

2. February, 2015, monthly bail bond reports were due to be filed with the Commissioner by Monday, March 16, 2015. On or about March 17, 2015, Respondent untimely filed his February 2015 Roche Surety & Casualty Company report with the Insurance Commissioner.

3. April, 2015, monthly bail bond reports were due to be filed with the Commissioner by Friday, May 15, 2015. On or about May 19, 2015, Respondent untimely filed his April 2015 Roche Surety & Casualty Company report with the Insurance Commissioner.

4. May, 2015, monthly bail bond reports were due to be filed with the Commissioner by Monday, June 15, 2015. On or about June 16, 2015, Respondent untimely filed his May 2015 Roche Surety & Casualty Company report with the Insurance Commissioner.

5. June 2015, monthly bail bond reports were due to be filed with the Commissioner by Wednesday, July 15, 2015. On or July 16, Respondent untimely filed his June 2015 Roche Surety & Casualty Company report with the Insurance Commissioner.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 59 O.S. § 1310(A)(2) and (24), 59 O.S. § 1314(B) and OAC 365:25-5-36, by failing to timely file her February 2015, April 2015, May 2015, and June 2015 Roche Surety & Casualty company monthly surety reports.

2. Pursuant to 59 O.S. § 1310(B), any bondsman 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 per violation.

ORDER

IT IS THEREFORE ORDERED that Respondent Troy Squyres is FINED Two Hundred Fifty Dollars (\$250.00). If the fine is not paid within thirty (30) days from receipt of this Conditional Administrative Order, Respondent's license will be suspended and will remain suspended until the fine is paid.

Respondents are further notified that they may request a hearing within 30 days of the receipt of this Conditional Administrative 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 Kelley Callahan, Senior Attorney, 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 Conditional Administrative Order shall become a FINAL ORDER on the 31st day following Respondents' receipt of the Order.

WITNESS My Hand and Official Seal this 15th day of September, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Kelley C. Callahan", written over a horizontal line.

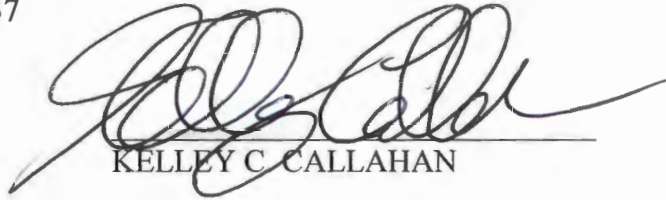
KELLEY C. CALLAHAN
Senior Attorney
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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 15th day of September, 2015, to:

Troy Squyres
13407 S. 21st St.
Bixby, Oklahoma 74008-1037

Certified Mail No.
7015 0640 0004 4933 5506



KELLEY C. CALLAHAN

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®



Troy Squyres
 13407 S. 21st St.
 Bixby, Oklahoma 74008-1037
sms/15-0890-DIS/Cond Ord

7015 0640 0004 4933 5506

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. /

Troy Squyres
 13407 S. 21st St.
 Bixby, Oklahoma 74008-1037
sms/15-0890-DIS/Cond Ord

OKLAHOMA
 SEP 25 2015
 Legal Division


 9590 9403 0272 5155 0748 47

2. Article Number (Transfer from service label)
 7015 0640 0004 4933 5506

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Troy Squyres

C. Date of Delivery
 9-22-15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (M)	

Domestic Return Receipt