



### ALLEGATIONS OF FACT

1. Respondent failed to timely file his January 2015 Lexington National Insurance Corporation (“LNIC”) Surety Report with the Oklahoma Insurance Department (“OID”). Respondent’s January 2015 monthly report was due on February 17, 2015. Respondent’s January 2015 report was received by the OID on February 19, 2015.

2. Respondent failed to timely file his March 2015 LNIC Surety Report with the OID. Respondent’s March 2015 monthly report was due on April 15, 2015. Respondent’s March 2015 report was received by the OID on April 16, 2015.

3. Respondent failed to timely file his July 2015 LNIC Surety Report with the OID. Respondent’s July 2015 monthly report was due on August 17, 2015. Respondent’s July 2015 report was received by the OID on August 18, 2015.

4. Respondent has violated the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) on several prior occasions, as reflected in the following OID administrative cases: 14-0981-DIS and 14-1221-DIS.

### ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file monthly reports as required by 59 O.S. § 1314(B) and O.A.C. 365: 25-5-36.

### ORDER

**IT IS THEREFORE ORDERED** that Respondent is **FINED** Five Hundred Dollars (\$500.00). **The \$500.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$500.00 civil fine shall be paid by money order or cashier’s check.

**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 Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., 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 6<sup>th</sup> day of November, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

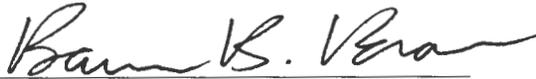
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 6<sup>th</sup> day of November 2015, to:

Ryan Kirkpatrick  
Shamrock Bail Bonds  
1901 N. Classen Blvd., Suite 110  
Oklahoma City, OK 73106-6011

**CERTIFIED MAIL NO. 7015 0640 0004 4933 6121**

and a copy was delivered to:

Renonda Stogsdill  
Bail Bonds Division

  
\_\_\_\_\_  
Barron B. Brown

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

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To \_\_\_\_\_

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

City, State, ZIP+4® \_\_\_\_\_

Shamrock Bail Bonds  
ATTN: Ryan Kirkpatrick  
1901 N. Classen Blvd., Suite 110  
Oklahoma City, OK 73106-6011  
rg/15-1114-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

**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. Article Addressed to:

Shamrock Bail Bonds  
ATTN: Ryan Kirkpatrick  
1901 N. Classen Blvd., Suite 110  
Oklahoma City, OK 73106-6011  
rg/15-1114-DIS(BBB)/Cond. Adm. Ord.



9590 9403 0272 5155 1374 81

2. Article Number (Transfer from service label)

7015 0640 0004 4933 6121

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *M. Pinkston*

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

M. Pinkston 11/13/15

D. (Delivery) address different from item 1?  Yes  No

If YES, enter delivery address below: \_\_\_\_\_

NOV 17 2015

Legal Division

3. Service Type  Priority Mail Express®  Registered Mail™

Adult Signature  Registered Mail Restricted Delivery

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Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt