

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

FILED
OCT 13 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-1192-DIS
RONAL DEAN EDEN, a licensed professional)	
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 Ronal Dean Eden (“Respondent”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199306.

FINDINGS OF FACT

1. Respondent submitted his 2013 annual financial statement to the Oklahoma Insurance Department (“Department”) on October 10, 2013 after the report was due on September 30, 2013.

2. Respondent submitted his 2014 annual financial statement to the Department on October 10, 2014 after the report was due on September 30, 2014.

3. Respondent submitted his 2015 annual financial statement to the Department on October 7, 2015 after the report was due on September 30, 2015.

4. Pursuant to 59 O.S. § 1309(B), An individual holding a professional bondsman license or multicounty agent bondsman license shall also provide an annual financial statement prepared by an accounting firm or individual holding a permit to practice public accounting in this state in accordance with generally accepted principles of accounting procedures showing assets, liabilities, and net worth, the annual statement to be as of a date not earlier than June 30. The statements shall be attested to by an unqualified opinion of the accounting firm or individual holding a permit to practice public accounting in this state that prepared the statements or statements. The statement shall be submitted annually by the last day of September.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1309(B) for failing to timely file his 2013, 2014 and 2015 with the Department by September 30 as required by Section 1309(B).

2. Respondent has violated 59 O.S. § 1310(2) by violating a law of this state relating to bail.

3. 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 Ronal Dean Eden is **CENSURED** and **FINED** Five Hundred Dollars (\$500.00).

Respondent is further notified that he 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, 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 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 October, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

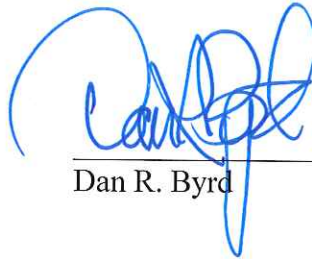
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 October, 2015, to:

Ronal Dean Eden
805 Robert S. Kerr
Oklahoma City, OK 73106

**CERTIFIED MAIL NO:
7015 0640 0004 4933 7104**



Dan R. Byrd

**U.S. Postal Service™
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Domestic Mail Only

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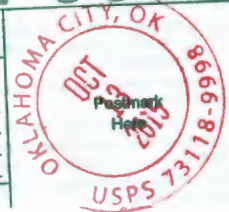
OFFICIAL USE

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Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage
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Ronald Dean Eden
805 Robert S. Kerr
Oklahoma City, OK 73106
15-1192-DIS/DRB(mt)
(Cond. Adm. Ord. ~ 10-13-15)

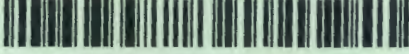
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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. Article Addressed to:

Ronald Dean Eden
805 Robert S. Kerr
Oklahoma City, OK 73106
15-1192-DIS/DRB(mt)
(Cond. Adm. Ord. ~ 10-13-15)



9590 9403 0272 5155 1355 48

2. Article Number (Transfer from service label)
7015 0640 0004 4933 7104

PS Form 3811, April 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *[Signature]* Agent Addressee

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

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

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 (over \$500)	

Domestic Return Receipt