

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
 Petitioner,)
vs.) Case No. 15-1343-DIS
)
RYAN KIRKPATRICK, a licensed bail)
bondsman in the State of Oklahoma,)
)
 Respondent.)
)

FILED

DEC 16 2015

INSURANCE COMMISSIONER
OKLAHOMA

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. Ryan Kirkpatrick (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 0000202229.

3. Pursuant to 59 O.S. § 1310(B), any person violating any provision of the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) 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.

ALLEGATIONS OF FACT

1. Respondent failed to timely file his October 2015 Lexington National Insurance Corporation (“LNIC”) surety report with the Oklahoma Insurance Department (“OID”). Respondent’s October 2015 monthly report was due on November 16, 2015. Respondent’s October 2015 report was received by the OID on November 17, 2015.

2. 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 14-1221-DIS, and 15-1114-DIS.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file his monthly report 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** One Thousand Dollars (\$1,000.00). **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$1,000.00 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 56th 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 16th day of December, 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 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING


I, Barron B. Brown, 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 16th day of December, 2015, to:

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

CERTIFIED MAIL NO. 7015 0640 0002 7406 4725

and a copy was delivered to:

Renonda Stogsdill
Bail Bonds Division



Barron B. Brown

7015 0640 0002 7406 4725

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 _____

City, State, ZIP+4® _____

Shamrock Bail Bonds
 ATTN: Ryan Kirkpatrick
 1901 N. Classen Blvd., Suite 110
 Oklahoma City, OK 73106-6011
 rlg/15-1343-DIS(BBB)/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN 7530-02-000-9053

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
 rlg/15-1343-DIS(BBB)/Cond. Adm. Ord.



9590 9403 0272 5155 0724 23

2. Article Number (Transfer from service label)

7015 0640 0002 7406 4725

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Beck rpk

B. Received by (Printed Name) *Bm Kirkpatrick*

C. Date of Delivery *12-17-15*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 DEC 21 2015
 Legal Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricted Delivery

Collect on Delivery Return Receipt for Merchandise

Collect on Delivery Restricted Delivery Signature Confirmation™

Insured Mail Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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