

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

FILED
FEB 10 2016
INSURANCE COMMISSIONER
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN
D. DOAK, Insurance Commissioner,**)
)
)
Petitioner,)
)
)
v.)
)
**RONNIE EUGENE BOWEN, a licensed
insurance producer in the State of Oklahoma,**)
)
)
Respondent.)

Case No. 16-0140-DIS

**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. Respondent's license was renewed on February 8, 2016. 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. On June 19, 2015 the Oklahoma Insurance Department (the "Department") filed a Conditional Administrative Order and Notice of Right to be Heard in Case No. 15-0696-UNI against the Respondent for violating 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) for which Respondent was fined One Thousand Dollars (\$1,000.00). Respondent did not request a hearing on this matter and therefore the Conditional Administrative Order became a Final Order and the fine assessed therein became due.

2. On June 25, 2015 the Department filed a Conditional Administrative Order and Notice of Right to be Heard in Case No. 15-0716-UNI against Respondent's insurance agency Creative Benefit Concepts, Inc. for violating 36 O.S. § 1435.4(A) in failing to maintain an active business entity producer license while conducting an insurance-related business, thereby in violation of 36 O.S. § 1435.13(A)(2) for which Respondent's insurance agency Creative Benefit Concepts, Inc. was fined Five Hundred Dollars (\$500.00). Respondent did not request a hearing on this matter and therefore the Conditional Administrative Order became a Final Order and the fine assessed therein became due.

3. On July 28, 2015 the Department received checks from Respondent in the amounts of One Thousand Dollars (\$1,000.00) and Five Hundred Dollars (\$500.00) for the above referenced fines that were later returned to the Department as "Insufficient Funds".

4. On August 26, 2015 the Department sent Respondent a letter requesting that Respondent remit payment of the One Thousand Dollars (\$1,000.00) plus a return service fee of Twenty-Five Dollars (\$25.00) and payment of the Five Hundred Dollars (\$500.00) plus a return

service fee of Twenty-Five Dollars (\$25.00). Respondent failed to remit such payments to the Department.

5. On October 14, 2015 the Department sent a Merchant Complaint Form to the Office of Orvil Loge, Muskogee County District Attorney to request his assistance in collecting the above referenced payments from Respondent.

6. On February 3, 2016 the Department received a check from the Muskogee County District Attorney's Office dated January 5, 2016 to cover the above referenced payments.

CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 1435.13(8) in demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state by writing checks to the Department that were later returned as "Insufficient Funds" and in failing to remit payments of the "Insufficient Funds" plus return service fees to the Department when requested to do so.

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(8) and as a result Respondent is **FINED** in the amount of Five Hundred DOLLARS (\$500.00). 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 56th 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 10th day of February, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

Dan R. Byrd
Assistant General Counsel
3625 NW 56th 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 10th day of February, 2016 to:

Ronnie Eugene Bowen
302 Kingsbury Drive
Muskogee, OK 74003

CERTIFIED MAIL NO: 7015 0640 0002 7406 7207

and that notification was sent to:

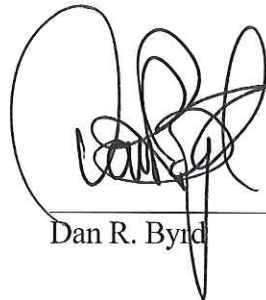
NAIC/RIRS

and that a copy was delivered to:

Mark Drummond
Anti-Fraud Unit

Courtney Phipps
Licensing Division

Karen Wojtek
Licensing Division



Dan R. Byrd

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)

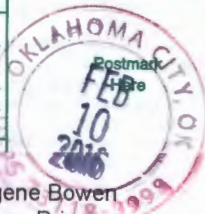
Return Receipt (hardcopy) \$ _____

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®

Ronnie Eugene Bowen
 302 Kingsbury Drive
 Muskogee, OK 74003
16-0140-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~2-10-16)

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

7015 0640 0002 7406 7207

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. /
 Ronnie Eugene Bowen
 302 Kingsbury Drive
 Muskogee, OK 74003
16-0140-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~2-10-16)



2. Article Number (Transfer from service label)
7015 0640 0002 7406 7207

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Ronnie Eugene Bowen Agent Addressee

B. Received by (Printed Name)
Ronnie Eugene Bowen

C. Date of Delivery
FEB 10 2016

DELIVERY address different from item 1? Yes No
 If YES, enter delivery address below: _____

OKLAHOMA INSURANCE DEPARTMENT
FEB 10 2016
 Legal Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

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

Domestic Return Receipt