

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

FILED
FEB 12 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0145-DIS
RYAN KIRKPATRICK, 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 Ryan Kirkpatrick (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 202229.

FINDINGS OF FACT

1. Respondent submitted his December 2015 Lexington National Insurance Corporation (“LNIC”) report to the Oklahoma Insurance Department (“Department”) on Tuesday, January 26, 2016 — 11 days after the report was due on Friday, January 15, 2016.
2. Respondent has previously submitted his LNIC report to the Department untimely on

five (5) prior occurrences.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A) (24) for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

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 Ryan Kirkpatrick is **CENSURED** and **FINED** One Thousand Five Hundred Dollars (\$1,500.00).

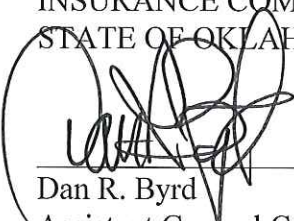
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan 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.

WITNESS My Hand and Official Seal this 12th day of February, 2016.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA





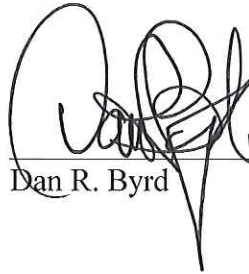
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 12th day of February, 2016, to:

Ryan Kirkpatrick
1901 N. Classen Blvd., Ste. 110
Oklahoma City, OK 73106-6011

**CERTIFIED MAIL NO:
7015 0640 0002 7406 7344**



Dan R. Byrd

U.S. Postal Service™
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Sent To
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Ryan Kirkpatrick
 1901 N. Classen Blvd., Ste. 110
 Oklahoma City, OK 73106-6011
16-0145-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice-2-12-16)



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

7015 0640 0002 7406 7344

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Ryan Kirkpatrick</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2-14-16</u></p>	
<p>1. Article Addressed to: Ryan Kirkpatrick 1901 N. Classen Blvd., Ste. 110 Oklahoma City, OK 73106-6011 16-0145-DIS/DRB(mt) (Cond. Adm. Ord. & Notice-2-12-16)</p>		<p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, delivery address below: _____ _____ _____</p>	
<p>2. Article Number (Transfer from service label) 7015 0640 0002 7406 7344</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 FEB 23 2016
 Legal Division



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