

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

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0458-DIS
EDWARD A. AGUIRRE, a licensed bail)	
bondsman in the State of Oklahoma,)	
Respondent.)	

FILED
MAY 11 2016
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. §§ 1301-1341.
2. Respondent Edward A. Aguirre (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100203158.

FINDINGS OF FACT

1. Respondent failed to file his March 2016 NOSURETY report with the Oklahoma Insurance Department (“Department”), which was due Friday, April 15, 2016.
2. Respondent’s appointment with Curt Pletcher was cancelled on February 5, 2016. Respondent does not have any other appointments. Therefore, a NOSURETY report is required.
3. On April 19, 2016, Department staff sent an email to Respondent regarding his failure to file his NOSURETY report.

4. On April 22, 2016, Department staff called Respondent and his number was no longer in service.

5. As of today's date, Respondent has not filed the report with the Department.

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. Respondent has violated 59 O.S. § 1314(D) for failing to pay reviewal fees.

4. 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 Edward A. Aguirre is **CENSURED** and **FINED** Four Hundred Dollars (\$400.00). Respondent is further notified that he may request a hearing within thirty (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 has not paid the fine ordered herein and filed his outstanding NOSURETY report, and does not request a hearing within the thirty (30) days allotted, this Order shall

become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondent's license shall be immediately suspended, and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 17th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

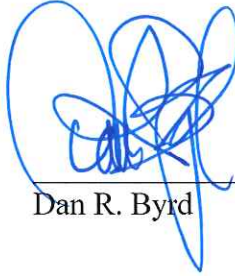
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 11th day of May, 2016, to:

Edward A. Aguirre
5814 E. 18th St.
Tulsa, OK 74112-7104

**CERTIFIED MAIL NO:
7015 3010 0001 4736 5641**



Dan R. Byrd

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Adult Signature Restricted Delivery \$

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Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box
City, State, ZIP+4®

Edward A. Aguirre
5814 E. 18TH St
Tulsa, OK 74112-7104
16-0458-DISIDRB(mt)
(Cond. Adm. Ord. & Notice ~5-11-16)



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



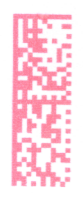
JOHN D. DOAK
Insurance Commissio
Oklahoma Insurance Depart
5 Corporate Plaza
3625 N.W. 56th St., Ste. #10
Oklahoma City, OK 73112-4111
2016 JUN 8



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JUN 09 2016

Legal Division

Edward A. Aguirre
5814 E. 18TH St.
Tulsa, OK 74112-7104

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UNCLAIMED
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731124519

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 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____



Total Postage and Fees \$ _____

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Edward A. Aguirre
 5814 E. 18TH ST
 TULSA, OK 74112-7104
 16-0458-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice ~5-11-16)

PS Form 3800, April 2015 PSN 7530-02-000-9037 See Reverse for Instructions

7015 3010 0001 4736 5641

PLACE STICKER AT TOP OF TOP FLAP TO FOLD AT DOTTED LINE TO REVEAL POSTAGE AND FEE INFORMATION

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:

Edward A. Aguirre
 5814 E. 18TH ST
 TULSA, OK 74112-7104
 16-0458-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice ~5-11-16)



9590 9402 1346 5285 6032 30

2. Article Number (Transfer from service label)

7015 3010 0001 4736 5641

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Aggr
 Adc

B. Received by (Printed Name)
 RECEIVED

C. Date of

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 JUN 09 2016

Legal Division

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