

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

FILED
JUN 15 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 16-0573-DIS
EDWARD A. AGUIRRE, 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. §§ 1301-1341.

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 April 2016 NOSURETY report with the Oklahoma Insurance Department (“Department”), which was due Monday, May 16, 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 May 19, 2016, Department staff sent an email to Respondent regarding his failure to file his NOSURETY report.

4. As of today's date, Respondent has not filed the report with the Department.
5. A review of the Bail Bond Division records indicates this is Respondent's second violation of this type that has been referred to the Department's Legal Division.

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** Eight Hundred Dollars (\$800.00). 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 15th day of June, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is stylized and somewhat illegible.

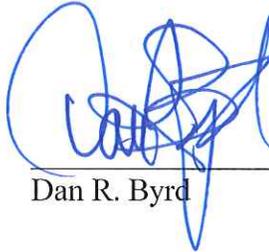
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 15th day of June, 2016, to:

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

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7997**



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

7015 3010 0001 4736 7997

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®

Edward A. Aguirre
 5814 E. 18TH St.
 Tulsa, OK 74112-7104
 16-0573-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice ~6-14-16)

PS Form 3800, April 2015 PSN _____ Reverse for Instructions

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 X <i>Uma Polycarp</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to _____</p> <p>Edward A. Aguirre 5814 E. 18TH St. Tulsa, OK 74112-7104 16-0573-DIS/DRB(mt) (Cond. Adm. Ord. & Notice ~6-14-16)</p> <p> 9590 9403 0272 5155 0772 06</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes RECEIVED, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT JUN 27 2016 JUN 21 2016 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 7997</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>