

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

AUG 04 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
CURTIS HOPCUS, a licensed bail bondsman in)
the State of Oklahoma,)
Respondent.)

Case No. 16-0744-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 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 Curtis Hopcus (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100230523.

FINDINGS OF FACT

1. Respondent submitted his February 2016 Roche Surety & Casualty Company (“RSCC”) report to the Oklahoma Insurance Department (“Department”) on Wednesday, March 16, 2016 — 1 day after the report was due on Tuesday, March 15, 2016.
2. Respondent submitted his May 2016 RSCC report to the Department on Thursday, June

16, 2016 — 1 day after the report was due on Wednesday, June 15, 2016.

3. Respondent submitted his June 2016 RSCC report to the Department on Monday, July 18, 2016 — 3 days after the report was due on Friday, July 15, 2016.

4. Respondent submitted his June 2016 Cash report to the Department on Sunday, July 17, 2016 – 2 days after the report was due on Friday, July 15, 2016.

5. This is Respondent’s first (1st) violation of this type.

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 Curtis Hopcus is **FINED** Two Hundred Fifty Dollars (\$250.00).

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 has not paid the fine ordered herein 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 4th day of August, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

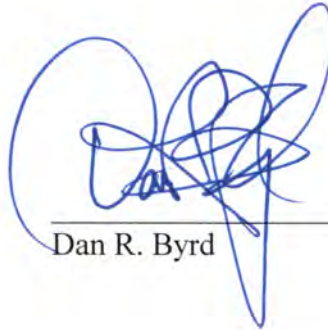
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 4th day of August, 2016, to:

Curtis Hopcus
611 SW E. Ave.
Lawton, OK 73501-4511

**Certified Mail No.
7016 0910 0000 5833 9075**



Dan R. Byrd

7016 0910 0000 5833 9075

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE



Certified Mail Fee \$ _____

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or P.O. Box _____

City, State, ZIP+4® _____

Curtis Hopcus
611 SW E. Ave.
Lawton, OK 73501-4511
sms/16-0744-DIS/Cond Ord.

PS Form 3800, April 2015 PSN 7500-02-000-9053

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>Joni Bennett</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joni Bennett</i></p> <p>C. Date of Delivery <i>8-16-16</i></p>
<p>1. Article Addressed to:</p> <div data-bbox="48 1039 454 1228" style="border: 1px solid black; padding: 5px;"> <p>Curtis Hopcus 611 SW E. Ave. Lawton, OK 73501-4511 sms/16-0744-DIS/Cond Ord.</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 18 2016 Legal Division</p> <p>LAWTON MAIL POST OFFICE AUG 16 2016</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 9075</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>

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

Domestic Return Receipt