

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 06 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
CINTHIA ESPINOZA, a licensed bail)
bondsman in the State of Oklahoma,)
)
AND)
)
RONAL EDEN, a professional)
bail bondsman licensed in the state of)
Oklahoma,)
)
Respondents.)

CASE NO. 16-0924-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, Sandra G. LaVenue, 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. §§ 101-7401, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.

2. Respondent Cinthia Espinoza ("Espinoza") is a licensed bail bondsman in the State of Oklahoma holding license number 40024475.

3. Respondent, Ronal Eden ("Eden") is a professional bail bondsman in the

state of Oklahoma holding license number 199306.

4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to *59 O.S. § 1310*.

5. Pursuant to *59 O.S. § 1310(B)*, in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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.

6. If Respondent requests a hearing in writing in this matter, pursuant to *OAC 365:1-7-1*, the Insurance Commissioner, pursuant to *59 O.S. § 1311.1* will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

7. The Insurance Commissioner, pursuant to *OAC 365:1-7-5*, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACT

8. On or about March 19, 2019, an appearance bond was executed as follows:

| | |
|-----------------|------------------|
| Defendant: | Joshua C. Mears |
| Case Number(s): | CF-2015-1984 |
| City/County: | Oklahoma County |
| Surety: | Ronal Eden |
| Bondsman: | Cinthia Espinoza |

Power Number(s): 10240
Bond Amount(s): \$4,000.00

9. On June 6, 2016, the Defendant failed to appear and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on June 15, 2016, by the Oklahoma County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Espinoza and Eden with return receipt requested within thirty (30) days after the Order's filing.

10 Espinoza received a copy of the Order and Judgment of Forfeiture on June 16, 2016.

11. Eden received a copy of the Order and Judgment of Forfeiture on June 16, 2016.

12. The ninety-first (91st) day after receipt of the Order and Judgment of forfeiture was September 15, 2016.

13. The forfeiture was paid on or about November 30, 2016, which was approximately seventy-six (76) days past the date that the forfeiture was due.

ALLEGED VIOLATIONS OF LAW

14. Respondents Espinoza and Eden have violated 59 O.S. § 1310(A)(28) by failing to pay fees due to a district court clerk as required by the Oklahoma Bail Bond Act, 59 O.S. § 1301-1341.

15. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1341, may be subject to a fine of not less than \$250.00 but not more than \$2,500.00 per violation.

ORDER

IT IS THEREFORE ORDERED that Espinoza and Eden are each FINED Two Hundred and Fifty Dollars (\$250.00). The fines are to be paid within thirty (30) days of the date of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Espinoza or Eden requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of this Conditional Order, the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the date of mailing this Order. A request for hearing should be in writing and addressed to Sandra LaVenué, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order and shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*; the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250-324 and the Oklahoma Bail Bond Act, 59 O.S. §§ 1301-1341. If either Espinoza or Eden serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 December, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Sandra LaVenue
Senior Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 6th day of December 2016, to:

Cinthia Espinoza
805 Robert S. Kerr
Oklahoma City, OK 73106

CERTIFIED MAIL NO. 7016 0910 0000 5833 6685

Ronal Eden
805 Robert S. Kerr
Oklahoma City, OK 73106

CERTIFIED MAIL NO. 7016 0910 0000 5833 6692

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sandra LaVenu
Senior Counsel

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 No. _____

City, State, ZIP+4® _____

Ronal Eden
 805 Robert S. Kerr
 OKC, OK 73106
sms/16-0924-DIS/Cond Ord

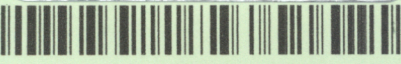
PS Form 3800, April 2015 PSN

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:

Ronal Eden
 805 Robert S. Kerr
 OKC, OK 73106
sms/16-0924-DIS/Cond Ord



9590 9402 1736 6074 9331 93

2. Article Number (Transfer from service label)

7016 0910 0000 5833 6692

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 12/7/16

D. Is the delivery address different from item 1? Yes No

E. Enter delivery address below: _____

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

DEC 09
 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

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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 I _____

City, State, ZIP+4® _____

Cinithia Espinoza
 805 Robert S. Kerr
 OKC, OK 73106
sms/16-0924-DIS/Cond Ord

PS Form 3800, April 2015 PSN 7530-02-000-9047

7016 0910 0000 5833 6685

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:

Cinithia Espinoza
 805 Robert S. Kerr
 OKC, OK 73106
sms/16-0924-DIS/Cond Ord



9590 9402 1736 6074 9331 86

2. Article Number (Transfer from service label)

7016 0910 0000 5833 6685

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **12/7/16**

D. Is delivery address different from item 1? Yes
 No

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
DEC 09 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

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt