

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

FEB 12 2021

STATE OF OKLAHOMA, ex rel. GLEN
MULREADY, Insurance Commissioner,

INSURANCE COMMISSIONER
OKLAHOMA

Petitioner,

vs.

Case No. 21-0069-DIS

ROBERT RYAN LOPEZ, a licensed bail
bondsman in the State of Oklahoma,

AND

JOHN ROYDEN BURKS, a multicounty agent
bondsman licensed in the State of Oklahoma,

Respondents.

**CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE
HEARD**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through counsel, Kayla M. Rochelle, and alleges and states as follows:

JURISDICTION

1. Glen Mulready 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. §§ 1301-1340.

2. Respondent Robert Ryan Lopez ("Respondent Lopez") is a licensed bail bondsman in the State of Oklahoma holding license # 100231415. Respondent Lopez's address of record is P.O. Box 661, Guthrie, OK 73044-0661.

3. Respondent John Royden Burks ("Respondent Burks") is a multicounty agent bondsman in the State of Oklahoma holding license # 199080. Respondent Burks' address of

record is P.O. Box 686, Pauls Valley, Oklahoma 73075-0686.

4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to *59 O.S. §§ 1310 and 1332*.

5. Pursuant to *59 O.S. § 1310(A)*, the Insurance Commissioner may deny, censure, suspend, revoke, or refuse to renew any license issued pursuant to the Oklahoma Bail Bond Act.

6. 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.

ALLEGATIONS OF FACT

7. On or about September 27, 2018, an appearance bond was executed as follows:

Defendant:	Byron HJ Warner
Case Number(s):	CM-2018-611
City/County:	Logan County
Surety:	John Burks
Bondsman:	R. Ryan Lopez
Power Number(s):	25845
Bond Amount(s):	\$2,000.00

8. On or about September 10, 2020, the Defendant failed to appear, and the bond were declared forfeited. An Order and Judgment of Forfeiture were issued on or about September 25, 2020 by the Logan County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent Lopez and Respondent Burks with return receipt requested within thirty (30) days after the Order's filing.

9. On or about October 29, 2020, the Order and Judgment of Forfeiture mailed to Respondent Lopez's address of record was returned to the Logan County District Court by the

USPS and marked as “Unclaimed, Return to Sender.”

10. Respondent Burks received a copy of the Order and Judgment of Forfeiture on or about October 13, 2020.

11. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was January 12, 2021.

12. As of the date of this Conditional Order, the forfeiture has not been paid and the Defendant has not been returned to custody.

ALLEGED VIOLATIONS OF LAW

13. Respondents have violated *59 O.S. §§ 1310(A)(2) and (A)(28)* by failing to return the Defendant to custody within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture in accordance with the provisions of *59 O.S. § 1332* and Okla. Admin. Code §§ 365:25-5-40(b) and 365:25-5-41.

14. Respondents have violated *59 O.S. § 1310(A)(6), (A)(9) and (A)(28)* by failing to comply with the Order and Judgment of Forfeiture.

15. Respondent Lopez has violated *59 O.S. § 1310(A)(32)* by failing to accept or claim the certified mailing of the Order and Judgment of Forfeiture from the Logan County Court Clerk that was addressed to Respondent’s mailing address of record on file with the Oklahoma Insurance Department.

ORDER

IT IS THEREFORE ORDERED that Respondent Lopez and Respondent Burks are **each FINED Two Hundred 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. The fines may be paid by check, cashier's check, or money order. If the fines are not paid **within thirty (30) days of the date of this Conditional Order**, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Logan County Court Clerk in Logan County case number CM-2018-611, *State v. Byron HJ Warner*. If the forfeiture is not paid within thirty (30) days of the date of this Conditional Order, the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond from Respondent Burks' multi-county agent bail bondsman certificate of deposit and forward it to the Logan County Court Clerk for payment of the bond forfeiture.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Respondent Lopez or Respondent Burks requests a hearing with respect to the Allegations of Fact set forth above within **thirty (30) days of the date of mailing of this Conditional Order**, the penalties set forth above will become a **Final Order** on the thirty-first (31st) day following the date of mailing of this Order. A request for hearing should be in writing and addressed to Kayla M. Rochelle, Oklahoma Insurance Department, Legal Division, 400 NE 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set aside or modify this Conditional Order and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. Upon such request, a hearing shall be conducted before an independent hearing examiner.

The hearing will be conducted in accordance with the Oklahoma Bail Bond Act, 59 O.S. §§ 1301 *et seq.* and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *et seq.*

If either Respondent Lopez or Respondent Burks 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 12th day of February 2021.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

s/ Kayla M. Rochelle
Kayla M. Rochelle, OBA #34014
Assistant General Counsel
Oklahoma Insurance Department
400 NE 50th Street
Oklahoma City, OK 73105
Telephone: (405) 521-2746

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 certified mail, with postage prepaid and return receipt requested, and electronic mail on this 12th day of February 2021 to:

Robert Ryan Lopez
P.O. Box 661
Guthrie, OK 73044-0661

CERTIFIED MAIL NO.

pursuitteamokc@hotmail.com

John Royden Burks
P.O. Box 686
Pauls Valley, OK 73075-0686

CERTIFIED MAIL NO.

johnrspurs@aol.com

and a copy was delivered to:

Bail Bonds Division



Kayla M. Rochelle

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)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN

Robert Ryan Lopez
P.O. Box 661
Guthrie, OK 73044-0661
SMS/21-0069-DIS (KMR)
Cond ORd



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:

Robert Ryan Lopez
P.O. Box 661
Guthrie, OK 73044-0661
SMS/21-0069-DIS (KMR)
Cond ORd



9590 9402 6216 0265 0198 77

2. Article Number (Transfer from service label)

7020 2450 0000 1482 8131

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

PS Form 3811, July 2020 PSN 7530-02-000-9053

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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

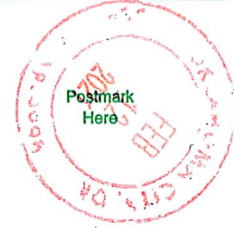
\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN



John Royden Burks
P.O. Box 686
Pauls Valley, OK 73075-0686
SMS/21-0069-DIS (KMR)
Cond ORD

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:

John Royden Burks
P.O. Box 686
Pauls Valley, OK 73075-0686
SMS/21-0069-DIS (KMR)
Cond ORD



9590 9402 6216 0265 0198 84

2. Article Number (Transfer from service label)

7020 2450 0000 1482 8148

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt