BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

FILED
FEB 14 2014
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, Petitioner,	)	
vs.	)	Case No. 14-0173-DIS
WILLIAM STUMP, 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. §§ 1301-1340.

2. Respondent William Stump ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100153815.

FINDINGS OF FACT

1. Respondent submitted his December 2013 Lexington National Insurance Corporation report to the Oklahoma Insurance Department ("Department") on Wednesday, January 22, 2014 — 7 days after the report was due on Wednesday, January 15, 2014.

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 William Stump is CENSURED and 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 does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 14th day of February, 2014.

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 14th day of February, 2014, to:

William Stump
803 South Creek
Drumright, OK 74030

Dan R. Byrd

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4248 5631

OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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OKLAHOMA CITY, OK FEB 14 2014

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP+

William Stump
803 South Creek
Drumright, OK 74030
sms/14-0173-DIS/Cond Ord.

PS Form 3800, January 2001 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
FEB 25 2014
Legal Division

William Stump
803 South Creek
Drumright, OK 74030
sms/14-0173-DIS/Cond Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William Stump ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) William Stump
C. Date of Delivery 2-21-14

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7001 0320 0004 4248 5631

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540