

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

DEC 07 2011

INSURANCE COMMISSIONER  
OKLAHOMA

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

CASE NO. 11-1114-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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.
2. Respondent Bryan Justin Carothers (“Carothers”) is a licensed bail bondsman in the State of Oklahoma holding license number 199387.

**FINDINGS**

1. On November 17, 2011, Respondent filed with the Insurance Commissioner a paper report for the month of October, 2011, but failed to file an electronic monthly report with the Insurance Commissioner, as required by 59 OS § 1314(B).

**CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

**ORDER**

**IT IS THEREFORE ORDERED that Bryan Justin Carothers is fined Two Hundred Fifty Dollars (\$250.00).**

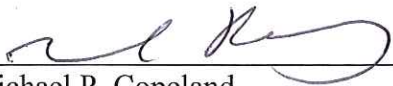
Respondent is further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 6<sup>th</sup> day of December, 2011.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

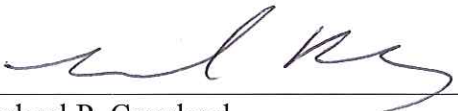
  
\_\_\_\_\_  
Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100

Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

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 7<sup>th</sup> day of December, 2011, to:

Bryan Justin Carothers  
1110 S. Washington  
Hobart, OK 73651

  
\_\_\_\_\_  
Michael P. Copeland

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

**OFFICIAL USE**

7001 0320 0004 4250 4998

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

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

**Bryan Justin Carothers**  
 1110 S. Washington  
 Hobart, Ok 73651  
 sms/11-1114-DIS/Cond. Ord.

Postmark Here  
 MARTIN LUTHER KING STATION  
 DEC 07 2011

PS Form 3800, January 2007

**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:

Bryan Justin Carothers  
 1110 S. Washington  
 Hobart, Ok 73651  
 sms/11-1114-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Lindsey Betcher*

B. Received by (Printed Name) C. Date of Delivery  
*Lindsey Betcher* | *12-8*

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

OKLAHOMA INSURANCE DEPARTMENT  
 RECEIVED  
 DEC 12 2011

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 4250 4998**