

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

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

FILED

DEC 07 2011

INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 11-1115-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 Gregory Bob Carothers (“Carothers”) is a licensed bail bondsman in the State of Oklahoma holding license number 199388.

**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 Gregory Bob 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:

Gregory Bob Carothers  
201 N Ann  
Granite, OK 73547

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

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

7001 0320 0004 4250 5070

OFFICIAL USE

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



Sent To: Gregory Bob Carothers  
 201 N. Ann  
 Granite, Ok 73547  
 sms/11-1115-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>Gregory Bob Carothers</i></p> <p>B. Received by (Printed Name) <i>Gregory Bob Carothers</i></p> <p>C. Date of Delivery <i>12-5-11</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Gregory Bob Carothers                  201 N. Ann                  Granite, Ok 73547                  sms/11-1115-DIS/Cond. Ord.</p> </div>	<p>OKLAHOMA INSURANCE DEPARTMENT                  RECEIVED                  DEC 2 2011                  Legal Division</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4250 5070</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	