

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED
 JAN 26 2012
 INSURANCE COMMISSIONER
 OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,
 Petitioner,
 vs.
 CARL ANDREW MCCLURE, a licensed bail bondsman in the State of Oklahoma,
 Respondent.

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CASE NO. 12-0084-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 Carl Andrew McClure (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199127.

FINDINGS

1. Respondent failed to file with the Insurance Commissioner his October 2011 and November 2011 cash bondsman reports.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B), which states that “[e]very licensed bondsman shall file monthly electronically with the Insurance Commissioner” Any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500. 59 O.S. § 1310(B).

ORDER

IT IS THEREFORE ORDERED that Carl Andrew McClure is 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th 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 and the fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 29 day of January, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

Michael P. Copeland
Assistant General Counsel
3625 NW 56th 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 26th day of January, 2012, to:

Carl Andrew McClure
121 N Denver Ave.
Tulsa, OK 74103-1819

**CERTIFIED MAIL NO:
7008 1830 0003 9411 8566**



Michael P. Copeland

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.

Addressed to:

Carl Andrew McClure
121 N. Denver Ave.
Tulsa, OK 74103-1819

12-0084-DIS/MPC(mt)Con. Adm. Ord.

2. Article Number
(Transfer from service label)

7008 1830 0003 9411 8566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
**M. Mercado*
- B. Received by (Printed Name) C. Date of Delivery
M. Mercado *1/27/12*
- D. Is this address different from item 1? Yes
 If yes, enter delivery address below: No

JAN 31 2012

- Legal Division
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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Sent To: **Carl Andrew McClure**
 121 N. Denver Ave.
 Tulsa, OK 74103-1819

Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4: **12-0084-DIS/MPC(mt)Con. Adm. Ord.**

PS Form 3800, August 2006

See Reverse for Instructions

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