

ORDER

IT IS THEREFORE ORDERED that Bryan Justin Carothers is hereby censured.

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 **shall provide explanation for Respondent's actions alleged herein and any defenses thereto.**

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 Respondent shall be censured.

WITNESS My Hand and Official Seal this 16th day of February, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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 16th day of February, 2012, to:

Bryan Justin Carothers
1110 S Washington Drawer B
Hobart, OK 73651



Michael P. Copeland

7006 2760 0005 6605 5492

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

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|---|--|-------------------------------|
| Postage \$ | | Postmark "HOB" FEB 16 2012 |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Post | | |

Sent To
 Street, Apt. 1 or PO Box N
 City, State, Z
 Bryan Justin Carothers
 1110 S. Washington Drawer B
 Hobart, Ok 73651
 sms/12-0104-DIS/Cond. Ord.

PS Form 3800, August 2006 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:

Bryan Justin Carothers
 1110 S. Washington Drawer B
 Hobart, Ok 73651
 sms/12-0104-DIS/Cond. Ord.

2. Article Number
(Transfer from service label)

7006 2760 0005 6605 5492

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kindsey Betche* Agent
 Addressee

B. Received by (Printed Name)
 RECEIVED *Kindsey Betche*

C. Date of Delivery
2-17-12

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

FEB 22 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540