

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

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

**FILED**

FEB 16 2012

**INSURANCE COMMISSIONER  
OKLAHOMA**

CASE NO. 12-0105-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 Ricky Lane Doherty (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 200055.

**FINDINGS**

1. Respondent failed to file with the Insurance Commissioner both his November 2011 and December 2011 monthly reports for his appointment with International Fidelity Insurance Company.

**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 . . . .”

**ORDER**

**IT IS THEREFORE ORDERED that Ricky Lane Doherty is hereby censured.**

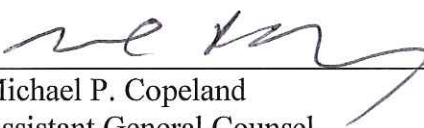
Respondent is further notified that he may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael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

WITNESS My Hand and Official Seal this 16<sup>th</sup> day of February, 2012.



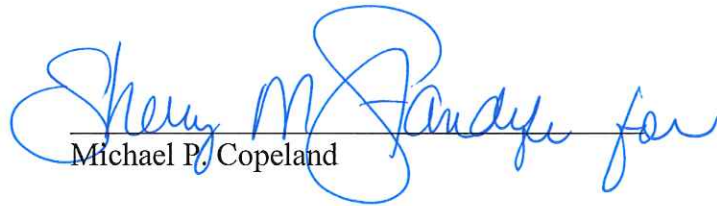
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
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 16<sup>th</sup> day of February, 2012, to:

Ricky Lane Doherty  
P.O. Box 721  
Stilwell, OK 74960-0721

  
Michael P. Copeland

7006 2760 0005 6605 5508

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FEB 10 2012

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Sent To: Ricky Lane Doherty  
 Street, Apt. No. or PO Box No: P.O. Box 721  
 City, State, Zip: Stilwell, Ok 74960-0721  
 sms/12-0105-DIS/Cond. Ord.

PS Form 3800, August 2000 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:

Ricky Lane Doherty  
 P.O. Box 721  
 Stilwell, Ok 74960-0721  
 sms/12-0105-DIS/Cond. Ord.

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 R. Doherty 2-22-12

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

OKLAHOMA INSURANCE DEPARTMENT  
 RECEIVED  
 FEB 24 2012

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0005 6605 5508

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540