

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

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

Case No. 13-0472-DIS

FILED
MAY 08 2013
INSURANCE COMMISSIONER
OKLAHOMA

**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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Lawrana Jo Gilmore (“Gilmore”) is a licensed bail bondsman in the State of Oklahoma holding license number 40035204.

FINDINGS OF FACT

1. Respondent is appointed to write bail bonds by power of attorney on behalf of United States Fire Insurance Company (“USFIC”).

2. Respondent’s February 2013 USFIC report indicated her total remaining outstanding liability under USFIC was \$78,447.

3. Respondent failed to file with the Insurance Commissioner her March 2013 USFIC

surety report, which was due April 15, 2013.

4. On April 17, 2013, as a courtesy, Department staff sent Respondent an email regarding her failure to file the report. On April 22, 2013, Department staff contacted Respondent by telephone. Respondent stated that she would submit the report that day.

5. As of the date of this Order, Respondent has not filed the report.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

ORDER

IT IS THEREFORE ORDERED that Lawrana Jo Gilmore is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that Lawrana Jo Gilmore shall file her March 2013 USFIC report and pay all associated fees within 30 days of receipt of this Order. If she does not, her license shall be SUSPENDED on the 31st day following receipt, and the suspension

shall remain in effect until the report and fees are submitted to the Department.

Respondent is 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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of 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.

WITNESS My Hand and Official Seal this 8th day of May, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "William G. Combs".


William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

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 8th day of May, 2013, to:

Lawrana Jo Gilmore
315 S. Koonce Street
Meeker, OK 74855-9063

Certified Mail No.
7001 0320 0003 9967 4300



William G. "Buddy" Combs

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

Killegai

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
 Here
 MAY 8 2013
 OKLAHOMA CITY, OK SHARTEL STA. USPO

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Lawrana Jo Gilmore
 315 S. Koonce Street
 Meeker, OK 74855-9063
 rlg/13-0472-DIS/Cond.Adm.Ord.

7001 0320 0003 9967 4300

PS Form 3800, January

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>Lawrana Jo Gilmore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lawrana Gilmore</i></p> <p>C. Date of Delivery <i>5/20/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Lawrana Jo Gilmore 315 S. Koonce Street Meeker, OK 74855-9063 rlg/13-0472-DIS/Cond.Adm.Ord.</p> </div>	<p style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 22 2013 Legal Division</p> <p>3. Service Type <input checked="" 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0003 9967 4300</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	