

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

**FILED**  
FEB 03 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.	)	
DOAK, Insurance Commissioner,	)	
Petitioner,	)	
vs.	)	
	)	Case No. 15-0111-DIS
RICO PETERSON, a licensed bail bondsman in	)	
the State of Oklahoma,	)	
Respondent.	)	

**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 Rico Peterson (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 100135841.

**FINDINGS OF FACT**

1. Respondent submitted his November 2014 Lexington National Insurance Corporation and November 2014 United States Fire Insurance Company reports to the Oklahoma Insurance Department (“Department”) on Tuesday, December 16, 2014 — 1 day after the reports were due on Monday, December 15, 2014.
2. Respondent previously has had three (5) occurrences of submitting reports to the

Department untimely.

**CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 1314.
2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”
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 Rico Peterson is **CENSURED** and **FINED Five Hundred Dollars (\$500.00)**.

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 Dan R. Byrd, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., 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.**

WITNESS My Hand and Official Seal this 3<sup>rd</sup> day of February, 2015.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



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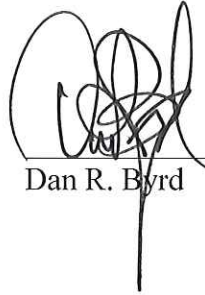
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 3<sup>rd</sup> day of February, 2015, to:

Rico Peterson  
809 N. Classen Blvd.  
Oklahoma City, OK 73106-7223

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3672**



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Dan R. Byrd

U.S. Postal Service™  
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Sent To: Rico Peterson  
 809 N. Classen Blvd.  
 Oklahoma City, OK 73106-7223  
 15-0111-DIS/DRB(mt)  
 (Cond.Adm.Ord. ~2-3-15)

PS Form 3800, July 2014 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:

Rico Peterson  
 809 N. Classen Blvd.  
 Oklahoma City, OK 73106-7223  
 15-0111-DIS/DRB(mt)  
 (Cond.Adm.Ord. ~2-3-15)

2. Article Number  
 (Transfer from service label)

7014 2870 0000 5493 3672

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 S. Smith 2/5/15

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

RECEIVED  
 FEB 09 2015  
 Legal Division

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes