

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

FILED
APR 28 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
Petitioner,)	
vs.)	
)	Case No. 15-0436-DIS
BRAD LASHLEY, 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 Brad Lashley (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 40147164.

FINDINGS OF FACT

1. Respondent failed to file his February 2015 American Contractors Indemnity Company (“ACIC”) Surety Report, February 2015 Lexington National Insurance Company (“LNIC”) Surety Report and February 2015 Cash Report with the Oklahoma Insurance Department (“Department”), which were due Monday, March 16, 2015.

2. Respondent was appointed with ACIC on June 18, 2014 and has an outstanding liability with ACIC of \$955,765.00.

3. Respondent was appointed with LNIC on February 11, 2013 and has an outstanding liability with LNIC of \$4,314,402.00.

4. Respondent was licensed for Cash on January 29, 2013 and has no outstanding liability for Cash, however a report is due to the Department.

5. On March 20, 2015, Department staff sent an email to Respondent regarding failure to file the reports.

6. As of today's date, Respondent has not filed the reports with the Department.

7. Respondent has previous administrations actions by the Department for failure to file reports.

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. Respondent has violated 59 O.S. § 1314(D) for failing to pay reviewal fees.

4. 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 Brad Lashley is **CENSURED** and **FINED** One Thousand Dollars (\$1,000.00). Respondent is further notified that he may request a hearing within thirty (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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **state the basis for requesting the hearing.**

If Respondent has not paid the fines ordered herein and does not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondent's license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 28th day of April, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

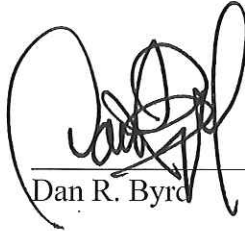
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 20th day of April, 2015, to:

Brad Lashley
1103 S Air Depot Blvd.
Oklahoma City, OK 73110-4805

**CERTIFIED MAIL NO:
7014 2870 0000 5493 0336**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE



7014 2870 0000 5493 0336

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

Total Postage & Fee

Sent To: **Brad Lashley**
 1103 S. Air Depot Blvd.
 Oklahoma City 73110-4805
15-0436-DIS/DRB(mt)
(Cond.Adm.Ord. ~4-28-15)

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

PS Form 3800, July 2014 See Reverse for Instructions

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 <input checked="" type="checkbox"/> <i>Brad Lashley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Brad Lashley C. Date of Delivery 4/25/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 01 2015 Legal Division</p> <p>Brad Lashley 1103 S. Air Depot Blvd. Oklahoma City 73110-4805 15-0436-DIS/DRB(mt) (Cond.Adm.Ord. ~4-28-15)</p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2870 0000 5493 0336</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	