

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

FILED
SEP 16 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	
)	Case No. 15-0760-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. Respondent’s license was revoked on September 2, 2015.

FINDINGS OF FACT

1. Respondent submitted his May 2015 American Contractors Indemnity Company, May 2015 Lexington National Insurance Corporation and May 2015 United States Fire Insurance Company reports to the Oklahoma Insurance Department (“Department”) on Tuesday, June 16, 2015 — 1 day after the reports were due on Monday, June 15, 2015.

2. Respondent previously has had seven (7) 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** One Thousand Dollars (\$1000.00).

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 56th 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 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 16th day of September, 2015.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is stylized and cursive.

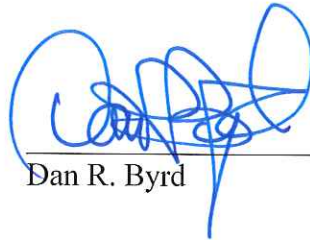
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 16th day of September, 2015, to:

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

**CERTIFIED MAIL NO:
7015 0640 0004 4933 4660**



Dan R. Byrd

7015 0640 0004 4933 4660

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City, State, ZIP+4® _____

Rico Peterson
809 N. Classen Blvd.
Oklahoma City, OK 73106-7223
15-0760-DIS/DRB(mt)
(Cond.Adm.Ord.~ 9-16-15)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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
15-0760-DIS/DRB(mt)
(Cond.Adm.Ord.~ 9-16-15)



9590 9403 0272 5155 1372 52

2. Article Number (Transfer from service label)

7015 0640 0004 4933 4660

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) J. Williams C. Date of Delivery 9/16/15

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

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OKLAHOMA INSURANCE DEPARTMENT

SEP 21 2015

3. Service Type Legal Division

Adult Signature Priority Mail Express®

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Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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