

ALLEGATIONS OF FACT

1. Respondent failed to timely file his May 2015 Lexington National Insurance Corporation (“LNIC”) monthly report with the Oklahoma Insurance Department (“OID”). Respondent’s May 2015 monthly report was due on June 15, 2015. Respondent submitted his May 2015 report on June 29, 2015.

2. Respondent failed to timely file his July 2015 LNIC monthly report with the OID. Respondent’s July 2015 monthly report was due on August 17, 2015. Respondent submitted his July 2015 report on August 21, 2015.

3. Respondent failed to timely file his August 2015 LNIC monthly report with the OID. Respondent’s August 2015 monthly report was due on September 15, 2015. Respondent submitted his August 2015 report on September 22, 2015.

4. Respondent failed to timely file his September 2015 LNIC monthly report with the OID. Respondent’s September 2015 monthly report was due on October 15, 2015. Respondent submitted his September 2015 report on October 23, 2015.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file monthly reports as required by 59 O.S. § 1314(B) and O.A.C. 365: 25-5-36.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED** One Thousand Dollars (\$1,000.00). **The \$1,000.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$1,000.00 civil fine shall be paid by money order or cashier’s check.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing

with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 9th day of November, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown". The signature is written in a cursive style and is positioned above a horizontal line.

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

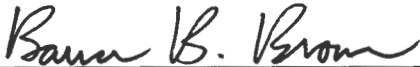
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 9th day of November 2015, to:

Wilbur Leatherman
C & W Bail Bond
2118 Hunters Hill Dr.
Enid, OK 73703-2332

CERTIFIED MAIL NO. 7015 0640 0004 4933 6145

and a copy was delivered to:

Renonda Stogsdill
Bail Bonds Division



Barron B. Brown

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

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

OFFICIAL USE

7015 0640 0004 4933 6145

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 48
Total Postage and Fees	\$ 6.73



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

C & W Bail Bond
 ATTN: Wilbur Leatherman
 2118 Hunters Hill Dr.
 Enid, OK 73703-2332
 rlg/15-1284-DIS/Cond. Adm. Ord.

PS Form 3800, April 2015 PSN

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:

C & W Bail Bond
 ATTN: Wilbur Leatherman
 2118 Hunters Hill Dr.
 Enid, OK 73703-2332
 rlg/15-1284-DIS/Cond. Adm. Ord.



9590 9403 0272 5155 1375 04

2. Article Number (Transfer from service label)

7015 0640 0004 4933 6145

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Wilbur Leatherman Agent
 Addressee

B. Received by (Printed Name)
 Wilbur Leatherman

C. Date of Delivery
 11/12/15

Is delivery address different from item 1? Yes
 No

OKLAHOMA
 RECEIVED BY
 FINANCE DEPARTMENT
 NOV 17 2015
 Legal Division

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt