

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

FILED
JAN 07 2016
INSURANCE COMMISSIONER
OKLAHOMA

| | | |
|------------------------------------|---|----------------------|
| STATE OF OKLAHOMA, ex rel. JOHN D. |) | |
| DOAK, Insurance Commissioner, |) | |
| Petitioner, |) | |
| vs. |) | |
| |) | Case No. 16-0019-DIS |
| WILBUR LEATHERMAN, 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 Wilbur Leatherman (“Respondent”) is a licensed bail bondsman in the State of Oklahoma holding license number 199963.

FINDINGS OF FACT

1. Respondent submitted his April 2015 American Contractors Indemnity Company (“ACIC”) report to the Oklahoma Insurance Department (“Department”) on Tuesday, May 19, 2015 - 4 days after the report was due on Friday, May 15, 2015.
2. Respondent submitted his September 2015 ACIC report to the Department on Tuesday, October 20, 2015 - 5 days after the report was due on Thursday, October 15, 2015.

3. Respondent submitted his November 2015 ACIC report to the Department on Wednesday, December 16, 2015 - 1 day after the report was due on Tuesday, December 15, 2015.

4. Respondent has three prior occurrences of submitting reports untimely to the Department that had been referred to the Department's Legal Division.

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 Wilbur Leatherman is **CENSURED** and **FINED** Five Hundred Dollars (\$500.00).

Respondent is further notified that she 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 7th day of January, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

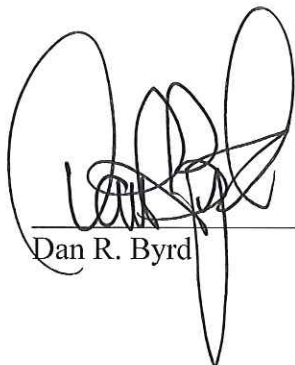
Dan R. Byrd
Assistant General Counsel
3625 NW 5th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 7th day of January, 2016, to:

Wilbur Leatherman
2118 Hunters Hill Dr.
Enid, OK 73703-2332

**CERTIFIED MAIL NO:
7015 0640 0002 7406 4947**



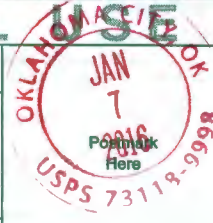
Dan R. Byrd

7015 0640 0002 7406 4947

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City, State, ZIP+4® _____

Wilbur Leatherman
2118 Hunters Hill Dr.
Enid, OK 73703-2332
16-0019-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice 1-07-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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>Wilbur Leatherman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wilbur Leatherman</i></p> <p>C. Date of Delivery <i>1/9/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>Wilbur Leatherman 2118 Hunters Hill Dr. Enid, OK 73703-2332 16-0019-DIS/DRB(mt) (Cond. Adm. Ord. & Notice 1-07-16)</p> <p>9590 9403 0272 5155 0721 57</p> | <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JAN 19 2016 Legal Division</p> |
| <p>2. Article Number (Transfer from service label) 7015 0640 0002 7406 4947</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |