

Defendant: Casey Gaines
Case Number(s): CM-2016-1312
City/County: Tulsa County Court Clerk
Surety: Indiana Lumbermens Mutual Insurance Company
Bondsman: Casey Gaines
Power Number(s): US1-467032
Bond Amount(s): \$1000

2. On March 16, 2016, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on March 29, 2016. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Gaines's copy of the Order and Judgment of Forfeiture was received on April 4, 2016.

4. ILMIC's copy of the Order and Judgment of Forfeiture per www.usps.com was Undeliverable.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, July 4, 2016, which was a holiday. Per Rule the due date was Tuesday, July 5, 2016.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

7. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

9. The bond was reported.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S.

§ 1332(D) by failing to return the Defendant within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.

ORDER

IT IS THEREFORE ORDERED that Casey Gaines and Indiana Lumbermens Mutual Insurance Company are each **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Tulsa County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Indiana Lumbermens Mutual Insurance Company’s license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Indiana Lumbermens Mutual Insurance Company.

Respondents are further notified that they 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, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

If Respondents have not paid the fines ordered herein and do 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, Respondents' license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 19th day of July, 2016.



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

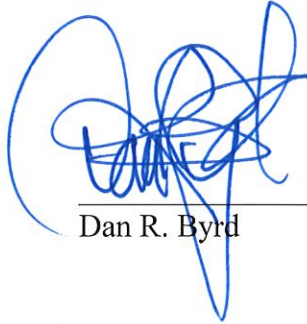
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 19th day of July, 2016, to:

Casey Gaines
906 S. Cheyenne Ave.
Tulsa, OK 74119-1806

**CERTIFIED MAIL NO:
7015 3010 0001 4736 9250**

Indiana Lumbermens Mutual Insurance Company
8888 Keystone Crossing, Ste 250
Indianapolis, IN 46240

**CERTIFIED MAIL NO:
7015 3010 0001 4736 9267**

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

Dan R. Byrd

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 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage
 \$ _____
Total Postage and Fees
 \$ _____
 Sent To
 Street and Apt. No., or PO Box
 City, State, ZIP+4®

Casey Gaines
 906 S. Cheyenne Ave.
 Tulsa, OK 74119-1806
16-0688-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~7-19-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 4736 9250

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KEVIN PANTS</i> C. Date of Delivery <i>7-21-16</i></p>																
<p>1. Article Addressed to:</p> <p>Casey Gaines 906 S. Cheyenne Ave. Tulsa, OK 74119-1806 16-0688-DIS/DRB(mt) (Cond. Adm. Ord. & Notice ~7-19-16)</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>Legal Division</p>																
<p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 9250</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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)	
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<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)																	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$ _____

Total Postage and Fees

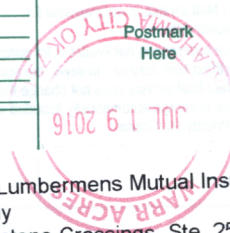
\$ _____

Sent To

Street and Apt. No., or PO Box #

City, State, ZIP+4®

Indiana Lumbermens Mutual Insurance
 Company
 888 Keystone Crossings, Ste. 250
 Indianapolis, IN 46240
16-0688-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice ~7-19-16)



PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

7015 3010 0001 4736 9267

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:

Indiana Lumbermens Mutual Insurance
 Company
 888 Keystone Crossings, Ste. 250
 Indianapolis, IN 46240
16-0688-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice ~7-19-16)

OKLAHOMA INSURANCE DEPARTMENT

AUG 16 2016

Legal Division



9590 9402 1900 6104 3884 39

2. Article Number (Transfer from service label)

7015 3010 0001 4736 9267

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X N Cacciatore Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 RECEIVED enter delivery address below: No

3. Service Type
- Adult Signature
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 - Certified Mail®
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 - Collect on Delivery
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 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
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