

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

**FILED**  
AUG 03 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
vs. )  
 )  
CASEY GAINES, a licensed bail bondsman in the )  
State of Oklahoma, )  
 )  
AND )  
 )  
INDIANA LUMBERMENS MUTUAL )  
INSURANCE COMPANY, an insurance company )  
licensed to act as bail surety in the State of )  
Oklahoma, )  
 )  
Respondents.

CASE NO. 16-0752-DIS

**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. §§ 1301-1341.

2. Respondent Casey Gaines (“Gaines”) is a licensed bail bondsman in the State of Oklahoma holding license number 100236801.

3. Respondent Indiana Lumbermens Mutual Insurance Company. (“ILMIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 14265.

**FINDINGS OF FACT**

1. On or about March 28, 2016, an appearance bond was executed as follows:

Defendant: Brandon Lee Taff  
Case Number(s): CF-2016-1435  
City/County: Tulsa County Court Clerk  
Surety: Indiana Lumbermens Mutual Insurance Company  
Bondsman: Casey Gaines  
Power Number(s): US5 613296  
Bond Amount(s): \$2,500

2. On April 14, 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 April 20, 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 received a copy of the Order and Judgment of Forfeiture on April 25, 2016.

4. ILMIC received a copy of the Order and Judgment of Forfeiture on April 26, 2016.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, July 25, 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.

8. 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.

4. Pursuant to 59 O.S. § 1316(D), all surety bondsmen or managing general agents shall attach a completed power of attorney to the appearance bond that is filed with the court clerk on each bond written. Echols violated 59 O.S. § 1316(D) when she failed to sign the power of attorney on the appearance bond.

### **ORDER**

**IT IS THEREFORE ORDERED** that Casey Gaines and Indiana Lumbersmens Mutual Insurance Company are each **CENSURED** and **FINED** Three Hundred Dollars (\$400.00).

**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 Lumbersmens 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 Lumbersmens 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 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

**If Respondents have not paid their 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 (31<sup>st</sup>) day following the receipt of the Order, Respondents' license shall be immediately suspended, and their fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 31 day of August, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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

**CERTIFICATE OF MAILING**

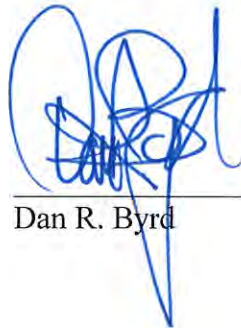
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 31 day of August, 2016, to:

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

**CERTIFIED MAIL NO:  
7016 0910 0000 5833 7750**

Indiana Lumbermens Mutual Insurance Company  
ATTN: Bail Bond Division  
P.O. Box 68932  
Indianapolis, IN 46268

**CERTIFIED MAIL NO:  
7016 0910 0000 5833 7767**



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Dan R. Byrd

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Certified Mail Fee \$ \_\_\_\_\_  
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 Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Postage and Fees \$ \_\_\_\_\_

Sent To: Casey Gaines  
 906 S. Cheyenne Ave.  
 Tulsa, OK 74119-1806  
 16-0752-DIS/DRB(mt)  
 (Cond. Adm. Ord. & Notice~ 8-03-16)

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

7016 0910 0000 5833 7750

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Casey Gaines</i> C. Date of Delivery <i>8-5-16</i></p> <p>1. Article Addressed to: <b>OKLAHOMA INSURANCE DEPARTMENT</b>                  Casey Gaines                  906 S. Cheyenne Ave.                  Tulsa, OK 74119-1806                  16-0752-DIS/DRB(mt)                  (Cond. Adm. Ord. &amp; Notice~ 8-03-16)</p> <p style="text-align: center; font-weight: bold;">AUG 09 2016                  Legal Division</p>																
<p>2. Article Number (Transfer from service label)                  7016 0910 0000 5833 7750</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)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage  
 \$ \_\_\_\_\_

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

Indiana Lumbermens Mutual Insurance  
 Company  
 Attn: Bail Bond Division  
 P.O. Box 68932  
 Indianapolis, IN 46268  
 16-0752-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice~ 8-03-16)

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

**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.

Indiana Lumbermens Mutual Insurance  
 Company  
 Attn: Bail Bond Division  
 P.O. Box 68932  
 Indianapolis, IN 46268  
 16-0752-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice~ 8-03-16)



2. Article Number (Transfer from service label)  
 7016 0910 0000 5833 7767

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

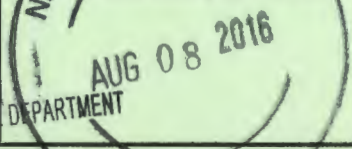
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Philip L. Weisberger  Agent  
 Addressee

B. Received by (Printed Name)  
 \_\_\_\_\_

C. Date of Delivery  
 8/8

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



3. Service Type

Certified Mail®

Certified Mail Restricted Delivery

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Collect on Delivery Restricted Delivery

Insured Mail

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Signature Confirmation Restricted Delivery

Domestic Return Receipt