

("Lumbermens") is an insurance company licensed to act as bail surety in the state of Oklahoma holding NAIC number 14265.

4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to 59 O.S. §§ 1310 and 1332.

5. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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.

6. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

7. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACT

8. On or about March 25, 2016, an appearance bond was executed as follows:

Defendant:	Thomas Cotina
Case Number(s):	482074 482074A

	482074B
	482074C
City/County:	Tulsa Municipal Court
Surety:	Indiana Lumbermens Mutual Insurance Company
Bondsman:	Casey Gaines
Power Number(s):	467664 467665 467666 467667
Bond Amount(s):	\$750.00 \$300.00 \$100.00 \$200.00

9. On May 26, 2016, the Defendant failed to appear and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on June 2, 2016, by the Tulsa Municipal Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Gaines and Lumbermens with return receipt requested within thirty (30) days after the Order's filing.

10. Gaines received a copy of the Order and Judgment of Forfeiture on June 6, 2016.

11. Lumbermens received a copy of the Order and Judgment of Forfeiture on June 17, 2016.

12. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was September 5, 2016.

13. As of September 5, 2016, the forfeiture was not been paid nor was the defendant timely returned to custody.

14. On August 3, 2016, a Conditional Administrative Order and Notice of Right

to be Heard was filed by OID in case number 16-0752-DIS. Both Gaines and Lumbermens were ordered to pay a fine which was due upon the 31st day after the filing of the Conditional Order. Neither Respondent requested a hearing nor paid the assessed fine by the 31st day after filing.

ALLEGED VIOLATIONS OF LAW

15. Respondents have violated 59 O.S. § 1332 by failing to return the Defendant to custody 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.

16. Respondents have violated 59 O.S. § 1310(A)(7) by failing to comply with any proper order of the Commissioner.

17. Pursuant to 59 O.S. § 1310(B), any bondsman 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 per violation.

ORDER

IT IS THEREFORE ORDERED that Gaines and Lumbermens are each **FINED Three Hundred Dollars (\$300.00)**. **The fines are to be paid within thirty (30) days of the date of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. Failure to comply with a proper order of the Commissioner may result in further administrative action.**

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Tulsa County Municipal Court Clerk (or the bond forfeiture otherwise

set aside or the bond exonerated) in Tulsa Municipal case number 482074, 482074A, 482074B, 482074C, City of Tulsa v. Thomas Cotina within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Indiana Lumbermens Mutual Insurance Company 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.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Gaines or Lumbermens requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of this Order, the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the date of mailing this Order. A request for hearing should be in writing and addressed to Sandra LaVenue, 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 and shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *through* 324. If either Gaines or Lumbermens serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 21st day of October, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sandra LaVenue", is written over a horizontal line. The signature is fluid and cursive.

Sandra LaVenue
Senior 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 21st day of October 2016, to:

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

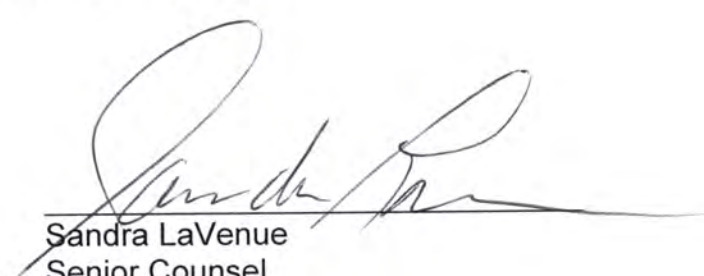
CERTIFIED MAIL NO. 7016 0910 0000 5833 6371

Indiana Lumbermens Mutual Insurance Company
2005 Market St. Ste 1200
Philadelphia, PA 19103-7008

CERTIFIED MAIL NO.

and a copy was delivered to: 7016 0910 0000 5833 6388

Anna Denman
Bail Bonds Division


Sandra LaVene
Senior Counsel

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____



Casey Gaines
 906 S. Cheyenne Ave.
 Tulsa, OK 74119-1806
sms/16-0925-DIS/Cond Ord

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

PS Form 3800, April 2015 PSN 7530-02-000-9053

7016 0910 0000 5833 6371

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Casey Gaines 906 S. Cheyenne Ave. Tulsa, OK 74119-1806 sms/16-0925-DIS/Cond Ord</p> </div> <p>9590 9402 1736 6074 9342 68</p>	<p>A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery KERN, ERIN 10-28-16</p> <p>Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Delivery address below:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OCT 28 2016</p> <p style="text-align: center; font-weight: bold;">Legal Division</p>																
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 6371</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"/> Insured Mail Restricted Delivery (over \$500)																	

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

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PS Form 3800, April 2015 PSN 7530-02-000-9053



Indiana Lumbermens Mutual
Insurance Company
2005 Market St., Suite 1200
Philadelphia, PA 19103-7008
sms/16-0925-DIS/Cond Ord

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
2005 Market St., Suite 1200
Philadelphia, PA 19103-7008
sms/16-0925-DIS/Cond Ord



9590 9402 1736 6074 9330 70

2. Article Number (Transfer from service label)

7016 0910 0000 5833 6388

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/31/16

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

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NOV 04 2016

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Domestic Return Receipt