

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
GREGORY BATES, a licensed bail)
bondsman in the State of Oklahoma,)
)
AND)
**UNITED STATES FIRE INSURANCE)
COMPANY**,)
an insurance company licensed to act as)
bail surety in the state of Oklahoma,)
)
Respondents.)

FILED

APR 11 2017

INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 16-1044-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, Sandra G. LaVenue, 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. §§ 101-7401, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.
2. Respondent Gregory (“Bates”) is a licensed bail bondsman in the State of Oklahoma holding license number 199085.
3. Respondent United States Fire Insurance Company, (“USFIC”) is an insurance company licensed to act as bail surety in the state of Oklahoma holding NAIC

number 21113.

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 and 36 O.S. § 619.

5. If Bates or USFIC 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.

6. 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

7. On or about September 26, 2014, an appearance bond was executed as follows:

Defendant:	Tameka Lakina Ayers
Case Number(s):	CM-2012-5163
City/County:	Tulsa County
Surety:	United States Fire Insurance Company
Bondsman:	Gregory Bates
Power Number(s):	US-20512881
Bond Amount(s):	\$4,500.00

8. On August 3, 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 August 8, 2016, by the Tulsa County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Bates and USFIC with return

receipt requested within thirty (30) days after the Order's filing.

9. Bates received a copy of the Order and Judgment of Forfeiture on August 10, 2016.

10. USFIC received a copy of the Order and Judgment of Forfeiture on August 12, 2016.

11. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was November 9, 2016.

12. The defendant was not returned to custody as of November 8, 2016, and the Order and Judgment of Forfeiture was not paid on or before November 9, 2016.

13. The Order and Judgment of Forfeiture was paid on November 15, 2016, approximately 6 days after the due date.

ALLEGED VIOLATIONS OF LAW

14. Bates has violated 59 O.S. § 1310(A)(2) and (28), 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 in accordance with the provisions of 59 O.S. § 1332 and OAC 365:25-5-40 and 365:25-5-41.

15. USFIC has violated 36 O.S. § 619 by failing to comply with OAC 365:25-5-40 and 365:25-5-41(b)(2) and as also required by 59 O.S. § 1332.

16. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1341, may be subject to a fine of not less than Two Hundred and Fifty Dollars (\$250.00) but not more than Two Thousand and Five Hundred Dollars (\$2,500.00) per violation.

17. Pursuant to 36 O.S. § 618, any insurance company violating any provision of any statute for which the Commissioner has jurisdiction may be subject to a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence.

ORDER

IT IS THEREFORE ORDERED that Bates and USFIC are **each FINED Two Hundred and Fifty (\$250.00)**. **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.**

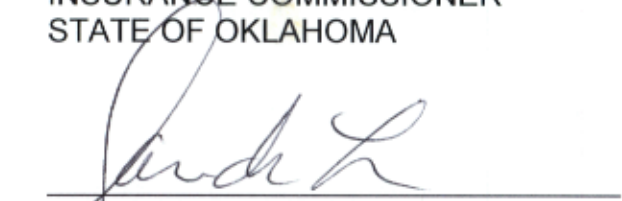
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Bates or USFIC requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of this Order, the penalties set forth above shall 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 Bates or USFIC 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 11th day of April, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Sandra LaVenue OBA #13372
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 11th day of April 2017, to:

Gregory Bates
P.O. 27202
Tulsa, OK 74149-0202

CERTIFIED MAIL NO. 7016 0910 0000 8401 1709

United States Fire Insurance Company
305 Madison Ave.
Morristown, New Jersey 07962

CERTIFIED MAIL NO. 7016 0910 0000 8401 1716

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division


Sandra LaVenue
Senior Counsel

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____



United States Fire IC
 305 Madison Ave
 Morristown, NJ 07962
sms/16-1044-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 8401 1716

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

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

1. Article Addressed to: OKLAHOMA INSURANCE DEPARTMENT Address different from item 1? Yes
 If YES, enter delivery address below: No

United States Fire IC
 305 Madison Ave
 Morristown, NJ 07962
sms/16-1044-DIS/Cond Ord

RECEIVED
APR 18 2017
 Legal Division



9590 9402 1900 6104 3997 94

2. Article Number (Transfer from service label)
7016 0910 0000 8401 1716

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

7016 0910 0000 8401 1709

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	



Gregory Bates
P.O. Box 27202
Tulsa, Oklahoma 74149-0202
sms/16-1044-DIS/Cond 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 mail piece, or on the front if space permits.

1. Article Addressed to:

Gregory Bates
P.O. Box 27202
Tulsa, Oklahoma 74149-0202
sms/16-1044-DIS/Cond Ord



9590 9402 1900 6104 3998 79

2. Article Number (Transfer from service label)

7016 0910 0000 8401 1709

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gregory Bates

Agent

Addressee

B. Received by (Printed Name)

Gregory Bates

C. Date of Delivery

APR 27 2017

Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



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