

surety report, which was due September 16, 2013.

4. On September 17, 2013, as a courtesy, Department staff sent Respondent an email regarding her failure to file the report.

5. As of the date of this Order, Respondent has not filed the report.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by Section 1314, which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

2. Pursuant to 59 O.S. § 1310(A), the Commissioner “may deny, censure, suspend, revoke, or refuse to renew any license issued” under the Bail Bond Act for the above-alleged violation.

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 Lawrana Jo Gilmore is CENSURED and FINED Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that Lawrana Jo Gilmore shall file her August 2013 USFIC report and pay all associated fees within 30 days of receipt of this Order. If she does not, her license shall be SUSPENDED on the 31st day following receipt, and the suspension shall remain in effect until the report and fees are submitted to the Department.

Respondent is 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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **give an explanation of Respondent's actions alleged herein and any defenses thereto.**

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 4th day of October, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in cursive script that reads "Buddy Combs". The signature is written over a horizontal line.

Buddy Combs
Assistant General 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 certified, return receipt requested, and via regular mail, on this 4th day of October, 2013, to:

Lawrana Jo Gilmore
16208 KINGS RD
SHAWNEE, OK 74801-6628


Buddy Combs

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4249 3742

OFFICIAL USE



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|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | |

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2012 See Reverse for Instructions

Lawrana Gilmore
16208 Kings Rd.
Shawnee, OK 74801-6628
sms/13-0983-DIS/Cond Ord.

CERTIFIED MAIL



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Oklahoma City, OK 73112-4511



U.S. POSTAGE PITNEY BOWES



ZIP 73112 \$ 006.77⁰
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OKLAHOMA INSURANCE DEPARTMENT

OCT 29 2013

Legal Division

Att
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10-11
10-20



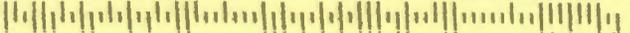
Lawrana Gilmore
16208 Kings Rd.
Shawnee, OK 74801-6628

NIXIE 731 DE 1700 0010/25/13

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451125 *0657-08820-04-38

73112@4511



CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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| Postage | \$ |
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| Return Receipt Fee (Endorsement Required) | |
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or PO Box No.

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PS Form 3800, Jan 04 See Reverse for Instructions

Lawrana Gilmore
16208 Kings Rd.
Shawnee, OK 74801-6628
sms/13-0983-DIS/Cond Ord.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Lawrana Gilmore
16208 Kings Rd.
Shawnee, OK 74801-6628
sms/13-0983-DIS/Cond Ord.

2. Article Number
(Transfer from service label)

7001 0320 0004 4249 3742

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes