

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

STATE OF OKLAHOMA, ex rel. JOHN D.)	
DOAK, Insurance Commissioner,)	
)	
Petitioner,)	
vs.)	Case No. 15-0632-DIS
)	
RICO PETERSON, formerly a licensed)	
professional bail bondsman in the State of)	
Oklahoma,)	
)	
Respondent.)	

FILED
SEP 21 2015
INSURANCE COMMISSIONER
OKLAHOMA

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. §§ 1301-1340.
2. Rico Peterson (“Respondent”) was a licensed bail bondsman in the State of Oklahoma holding license number 100135841. On or about September 1, 2015, Respondent’s license was revoked by the Oklahoma Insurance Department (“OID”) after he failed to comply with the terms contained within OID Administrative Order 15-0334-DIS.
3. Pursuant to 59 O.S. § 1310(B), any person violating any provision of the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) 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.

ALLEGATIONS OF FACT

1. Respondent failed to timely submit his January, March, and April 2015 monthly surety reports to the OID.

2. Respondent has consistently violated the Oklahoma Bail Bond Code (59 O.S. §§ 1301 et seq.) on several prior occasions, as reflected in the following OID administrative cases: 13-0550-DIS, 14-0169-DIS, 14-0976-DIS, 14-1109-DIS, and the aforementioned revocation in 15-0334-DIS.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 59 O.S. § 1310(A)(24); by failing to timely file reports as required by 59 O.S. § 1314(B) and O.A.C. 365: 25-5-36.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED** Two Hundred Fifty Dollars (\$250.00). **The \$250.00 fine is to be paid within thirty (30) days** made payable to the OID. The \$250.00 civil fine shall be paid by money order or cashier’s check.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron Brown, 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.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as 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 September, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Barron B. Brown".

Barron B. Brown
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 21st day of September 2015, to:

Rico Peterson
809 N. Classen Blvd.
Oklahoma City, OK 73106-7223

CERTIFIED MAIL NO. 7015 0640 0004 4933 5568

and a copy was delivered to:

Renonda Stogsdill
Bail Bonds Division


Barron B. Brown

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 \$ _____

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

Rico Peterson
 809 N. Classen Blvd.
 OKC, OK 73106-7223
 sms/15-0632-DIS/Cond Ord

PS Form 3800, April 2015 PSN

7015 0640 0004 4933 5568

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Williams</i> C. Date of Delivery <i>9/22/15</i></p>
<p>1. Article Address</p> <p>Rico Peterson 809 N. Classen Blvd. OKC, OK 73106-7223 sms/15-0632-DIS/Cond Ord</p> <p>9590 9403 0272 5155 0747 79</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>INSURANCE DEPARTMENT SEP 24 2015</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0004 4933 5568</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	