

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

**FILED**

FEB 24 2012

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
DEBORAH ACKERMAN, a licensed bail )  
bondsman in the State of Oklahoma, )  
  
AND )  
  
ACCREDITED SURETY & CASUALTY )  
COMPANY, INC., a licensed insurance company )  
in the State of Oklahoma, )  
Respondents. )

CASE NO. 11-1109-DIS

**ADMINISTRATIVE ORDER**

On January 25, 2012, the above captioned case came on for hearing at the office of the Oklahoma Insurance Department, 3625 N.W. 56<sup>th</sup> Street, Suite 100, Oklahoma City, Oklahoma and was concluded on the same date. Oklahoma Insurance Commissioner John D. Doak appointed the undersigned independent hearing examiner to preside at the hearing as a quasi-judicial officer. The hearing was recorded electronically by employees of the Oklahoma Insurance Department. Petitioner was represented by Assistant General Counsel Michael P. Copeland. Respondent appeared in person and voluntarily waived her right to counsel. Testimony was taken and arguments were heard. The hearing examiner finds 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. §§ 101-7004 and the Oklahoma Bail Bond Act 59 O. S. §§ 1301-1340.

2. Respondent Deborah Ackerman (“Ackerman”) is a licensed bail bondsman in the State of Oklahoma holding license number 40001406.

3. Respondent Accredited Surety & Casualty Company, Inc. (“Accredited”) is a licensed insurance company in the State of Oklahoma holding license number 26379.

### FINDINGS OF FACT

1. On or about February 13, 2011, an appearance bond was executed as follows:

Defendant:	Anthony L. Martinez
Case Number(s):	CF-06-51
City/County:	Woods County
Surety:	Accredited Surety & Casualty Company, Inc.
Bondsman:	Deborah Ackerman
Power Number(s):	BB02546502
Bond Amount(s):	\$1,500.00

2. On July 25, 2011, the Defendant failed to appear, and the bond was declared forfeited.

An Order and Judgment of Forfeiture was issued by the district court on August 11, 2011 and filed in the case. 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 forfeiture.

3. Ackerman received a copy of the Order and Judgment of Forfeiture on August 15, 2011.

4. Accredited was mailed a copy of the Order and Judgment of Forfeiture on August 11, 2011.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was November 14, 2011.

6. The bond forfeiture was paid on November 21, 2011.

7. The defendant was returned to custody on November 29, 2011.

8. On December 22, 2011, the Oklahoma Insurance Department (“Department”) issued a *Conditional Administrative Order and Notice of Right to be Heard* imposing a fine of Two Hundred Fifty Dollars (\$250.00) against each of the Respondents for the alleged violations.

9. On January 4, 2012, Ackerman caused to be filed in the Woods County Court Clerk’s office a Motion for Remitter and an Order for the bond amount to be returned and bond exonerated, which were both so ordered.

10. On January 11, 2012, Ackerman requested a hearing in this matter, which was set for January 25, 2012. Respondent Accredited did not request a hearing.

11. The hearing was held on January 25, 2012. Testimony was taken and arguments were made.

12. The Hearing Examiner found that Respondent Ackerman’s conduct did not warrant disciplinary action.

### **CONCLUSIONS**

Although Respondents failed to return the defendant within ninety (90) days or payment of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture, Ackerman’s conduct in the matter does not warrant disciplinary action.

### **ORDER**

**IT IS ORDERED that the case against Deborah Ackerman is to be dismissed without prejudice upon her payment of costs in the amount of One Hundred Twenty-Five Dollars (\$125.00).**

**IT IS ORDERED that the fine levied against Accredited Surety and Casualty Company**

**in the amount of Two Hundred Fifty Dollars (\$250.00) is final and is to be paid within two (2) weeks of receipt of this Order.**

WITNESS My Hand and Official Seal this 16<sup>th</sup> day of February, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

\_\_\_\_\_  
Leanon Freeman  
Hearing Examiner

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed certified, return receipt requested on this \_\_\_\_\_ day of February, 2012, to:

Deborah Ackerman  
P.O. Box 283  
Alva, OK 73717-0283

  
\_\_\_\_\_  
WILLIAM G. COMBS



7006 2760 0005 6605 5638

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:

Accredited Surety & Casualty Company  
 Post Office Box 140855  
 Orlando, FL 32814  
 sms/11-1109-DIS/Admin. Ord.

OKLAHOMA INSURANCE DEPARTMENT

MAR 02 2012

Legal Division

2. Article Number (Transfer from service label)

7006 2760 0005 6605 5638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *Meals*

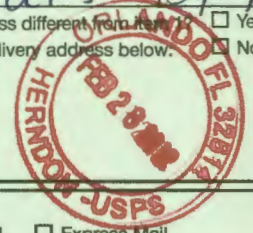
B. Received by (Printed Name) *Meals*

C. Date of Delivery *2/28/20*

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

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

4. Restricted Delivery? (Extra Fee)  Yes



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Total Postage	



Sent To: Accredited Surety & Casualty Company  
 Post Office Box 140855  
 Orlando, FL 32814  
 City, State, ZIP: sms/11-1109-DIS/Admin. Ord.

PS Form 3800, August 2006

7006 2760 0005 6605 5645

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
 X *O Ackerman*

B. Received by (Printed Name) *O Ackerman*

C. Date of Delivery *06 2012*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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Deborah Ackerman  
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 Alva, Ok 73717-0283  
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OKLAHOMA INSURANCE DEPARTMENT

MAR 06 2012

2. Article Number (Transfer from service label)

7006 2760 0005 6605 5645

PS Form 3811, February 2004

Domestic Return Receipt

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Total Postage	



Sent To: Deborah Ackerman  
 P.O. Box 283  
 Alva, OK 73717-0283  
 City, State, ZIP: sms/11-1109-DIS/Admin. Ord.

PS Form 3800, August 2006

See Reverse for Instructions