

Surety:	Safety National Casualty Corporation
Bondsman:	Riccardo Moffett
Power Number(s):	S5-1991134
Bond Amount(s):	\$3,500

2. On September 6, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on September 28, 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. Moffett received a copy of the Order and Judgment of Forfeiture on October 5, 2011.

4. Safety National received a copy of the Order and Judgment of Forfeiture on October 3, 2011.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was January 4, 2012. Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture, nor was deposit in the face amount of the bail bond made to the court clerk on the ninety-first (91st) day.

6. The bond was paid on January 6, 2012.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332 by failing to return the defendant 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. Any bail bondsman or bail surety violating any provision of the 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.” 59 O.S. § 1310(B).

ORDER

IT IS THEREFORE ORDERED that Riccardo Moffett and Safety National are each fined Three Hundred Fifty Dollars (\$350.00).

Respondents are further notified that they 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions described herein and any defenses thereto.**

If Respondents do 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 and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 19 day of February, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




Michael P. Copeland
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF SERVICE

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, on this 16th day of February, 2012, to:

Riccardo Moffett
P.O. Box 94396
Oklahoma City, OK 73143-4396

Safety National Casualty Corporation
1832 Schuetz Road
St. Louis, MO 63146-3540


Michael P. Copeland

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Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Safety National Casualty Corporation 1832 Schuetz Rd. St. Louis, MO 63146-3540 sms/12-0129-DIS/Cond. Ord.	
Street, Apt or PO Box		
City, State		

PS Form 3800, August 2006 See Reverse for Instructions

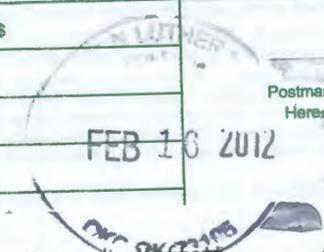
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery Joe Bauer FEB 21 2012
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> OKLAHOMA INSURANCE DEPARTMENT FEB 24 2012 Safety National Casualty Corporation 1832 Schuetz Rd. St. Louis, MO 63146-3540 sms/12-0129-DIS/Cond. Ord. </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED, enter delivery address below:
	Legal Notice Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7006 2760 0005 6605 5348

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Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage			
Sent To		Riccardo Moffett	
Street, Apt. No. or PO Box No.		P.O. Box 94396	
City, State, ZIP		OKC, OK 73143-4396	
		sms/12-0129-DIS/Cond. Ord.	

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

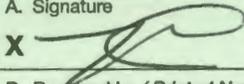
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

OKLAHOMA INSURANCE DEPARTMENT

Riccardo Moffett
P.O. Box 94396
OKC, OK 73143-4396
sms/12-0129-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) Riccardo Moffett C. Date of Delivery 3/1/12

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

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
MAR 02 2012
MAR 21 2012

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 2760 0005 6605 5355