



Case Number(s):	JDL-2011-484
City/County:	Oklahoma County
Surety:	Safety National Casualty Corporation
Bondsman:	Billy Dismuke
Power Number(s):	S10-2001351
Bond Amount(s):	\$7,000

2. On October 21, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on November 7, 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. The mailing to Dismuke was returned "Unclaimed."

4. Safety National received a copy of the Order and Judgment of Forfeiture on November 14, 2011.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Safety National was February 13, 2012. The 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 (91<sup>st</sup>) day.

6. As of the date of this Order, the forfeited bail bond remains unpaid.

#### **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. Under 59 O.S. § 1310(B), any person or entity violating a provision of the Bail Bond Act may be subject to a civil penalty ranging from \$250 to \$2,500.

**ORDER**

**IT IS THEREFORE ORDERED that Billy Dismuke and Safety National are each fined Seven Hundred Dollars (\$700.00).**

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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order, the fines ordered herein shall be due, and the face amount of the forfeited bond shall be withdrawn from the deposit of Safety National and deposited with the Oklahoma County Court Clerk.**

WITNESS My Hand and Official Seal this 4 day of April, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "M. P. Copeland", written over a horizontal line.

Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> 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 5<sup>th</sup> day of April, 2012, to:

Billy Dismuke  
217 N. Harvey Ave., Suite 203  
Oklahoma City, OK 73102-3803

**CERTIFIED MAIL NO:  
7001 0320 0004 4250 4431**

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

**CERTIFIED MAIL NO:  
7001 0320 0004 4250 4448**

  
Sherry M. Standerfer

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0004 4250 4431

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



Total Post

Sent To  
 Street, Apt. or PO Box  
 City, State

Billy Dismuke  
 217 N. Harvey Ave., Suite 203  
 OKC, OK 73102-3803  
 sms/12-0279-DIS/Cond. Ord.

PS Form 3800, January 2001

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Billy Dismuke  
 217 N. Harvey Ave., Suite 203  
 OKC, OK 73102-3803  
 sms/12-0279-DIS/Cond. Ord.

2. Article Number  
 (Transfer from service label)

7001 0320 0004 4250 4431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  
 Agent  
 Addressee

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

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

OKLAHOMA INSURANCE DEPARTMENT

APR 12 2012

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4250 4448

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



**Total Postage & F**

Sent To: **Safety National Casualty Corp.**  
 1832 Schuetz Rd.  
 St. Louis, MO 63146-3540  
 sms/12-0279-DIS/Cond. Ord.

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Joe Bauer</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Joe Bauer</b> C. Date of Delivery <b>4-9-12</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Safety National Casualty Corp.                      1832 Schuetz Rd.                      St. Louis, MO 63146-3540                      sms/12-0279-DIS/Cond. Ord.</p> </div>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  APR 12 2012                  Legal Division</p> <p>E. Service Type  <input checked="" 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.</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4250 4448</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	