



## FINDINGS

1. On or about November 26, 2011, an appearance bond was executed as follows:

Defendant:	Theodus Stroder Jr.
Case Number(s):	CF-2011-1048
City/County:	Muskogee County
Surety:	Indiana Lumbersmens Mutual Insurance Co.
Bondsman:	Monica Reece
Power Number(s):	US5-572086
Bond Amount(s):	\$1,083

2. On December 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 that day 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. Reece received a copy of the Order and Judgment of Forfeiture on December 22, 2011.

4. Indiana Lumbersmens received a copy of the Order and Judgment of Forfeiture on December 27, 2011.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Reece was Thursday, March 22, 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. The forfeited bond was paid on March 28, 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. 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 Monica Reece and Indiana Lumbermens are each fined Three Hundred Dollars (\$300.00).**

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 and the fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 4<sup>th</sup> day of April, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Michael 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:

Monica Reece  
313 State Street  
Muskogee, OK 74403

**CERTIFIED MAIL NO:  
7001 0320 0004 4250 4424**

Indiana Lumbermens Mutual Insurance Company  
8888 Keystone Crossing  
Indianapolis, IN 46240

**CERTIFIED MAIL NO:  
7001 0320 0004 4250 4417**

  
Sherry M. Standerfer



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

OFFICIAL USE

7001 0320 0004 4250 4424

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	



Sent To  
 Street, Apt. No. or PO Box No.  
 City, State, Zi

**Monica Reece**  
**313 State Street**  
**Muskgoee, Ok 74403**  
**sms/12-0294-DIS/Cond. Ord.**

PS Form 3800, February 2004 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:

**Monica Reece**  
**313 State Street**  
**Muskgoee, Ok 74403**  
**sms/12-0294-DIS/Cond. Ord.**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Cassandra Morgan*

B. Received by (Printed Name)  Date of Delivery  
 [Signature] 4-9-12

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
**APR 11 2012**

Legal Business 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) 7001 0320 0004 4250 4424

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

7001 0320 0004 4250 4417

<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	
<b>Sent To</b>	Indiana Lumbermens Mutual Insurance Company 8888 Keystone Crossing Indianapolis, IN 46240 sms/12-0294-DIS/Cond. Ord.
Street, Apt. or PO Box #	
City, State, Zip	



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:

Indiana Lumbermens Mutual  
 Insurance Company  
 8888 Keystone Crossing  
 Indianapolis, IN 46240  
 sms/12-0294-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Dinette Blankenship*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Dinette Blankenship*

Is delivery address different from item 1?  Yes  
 No  No

RECEIVED BY OKLAHOMA INSURANCE DEPARTMENT  
 APR 16 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) 7001 0320 0004 4250 4417