



Bond Amount(s): \$15,000

2. On December 9, 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 December 22, 2011, and filed in the case. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent with return receipt requested within thirty (30) days after the forfeiture.

3. England received a copy of the Order and Judgment of Forfeiture on December 23, 2011.

4. The ninety-first (91<sup>st</sup>) day after mailing of the Order and Judgment of Forfeiture to Respondent was Friday, March 23, 2012. The Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture, nor was the face amount of the forfeited bond deposited with the Court Clerk within ninety-one (91) days of receipt of the Order and Judgment of Forfeiture.

5. The Defendant was returned to custody on March 30, 2012.

6. Respondent paid the forfeiture on April 2, 2012.

#### **CONCLUSIONS OF LAW**

The allegations are found to be true and correct, and Respondent has 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.

#### **ORDER**

**IT IS THEREFORE ORDERED that Jon England is fined One Thousand Five Hundred Dollars (\$1,500.00).**

Respondent is further notified that he 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 Respondent's actions alleged herein and any defenses thereto.**

**If Respondent does 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 fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 23 day of April, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

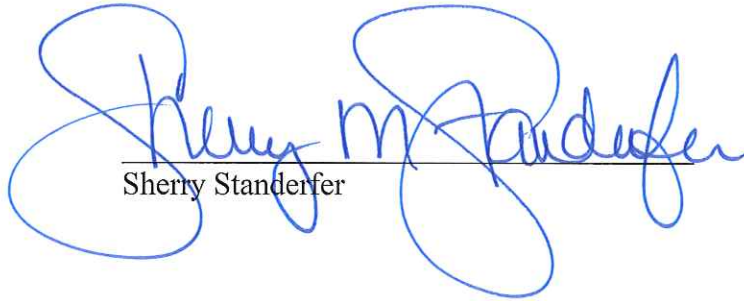
A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

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) 521-012

**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 27<sup>th</sup> day of April, 2012, to:

Jon England  
615 Frisco Avenue  
Clinton, OK 73601-3318



Sherry Standerfer

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

7001 0320 0004 4250 2031

OFFICIAL USE



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

Postmark  
Here

**Total Postage**

Sent To: **Jon England**  
 615 Frisco Avenue  
 Clinton, Ok 73601-3318  
 sms/12-0325-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 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:

**Jon England**  
 615 Frisco Avenue  
 Clinton, Ok 73601-3318  
 sms/12-0325-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) **JASON GOODMAN** C. Date of Delivery **4/30/12**

D. Is delivery address different from item 1?  Yes  No  
 YES, enter delivery address below:  
**OKLAHOMA INSURANCE DEPARTMENT**  
**480 S 10th**  
**MAY 2 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 2031**