

Defendant:	Michael Anthony McDonald
Case Number(s):	CM-2011-348
City/County:	Woods County
Surety:	Allegheny Casualty Company
Bondsman:	Roger Hada
Power Number(s):	AS6R-294924
Bond Amount(s):	\$3,000

2. On December 13, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on January 4, 2012, 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. Hada received a copy of the Order and Judgment of Forfeiture on January 9, 2012.

4. Allegheny received a copy of the Order and Judgment of Forfeiture on January 10, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, April 9, 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.

6. As of the date of this Conditional Order, the forfeited bail bond has not been paid or otherwise set aside.

CONCLUSIONS OF LAW

1. 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.

2. 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 Roger Hada and Allegheny Casualty Company are each FINED Four Hundred Fifty Dollars (\$450.00).

IT IS FURTHER ORDERED that pursuant 59 O.S. § 1332 the face amount of the bond, Three Thousand Dollars (\$3,000.00), shall be withdrawn from the deposit placed with the State of Oklahoma by Allegheny Casualty Company as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Woods County Court Clerk for payment of the bond in case number CM-2011-348, Defendant Michael Anthony McDonald. Such sums shall not be withdrawn from the deposit of Allegheny Casualty Company if the bond forfeiture is paid or otherwise set aside within 30 days of receipt of this Order.

IT IS FURTHER ORDERED that this Order constitutes disciplinary action and may be used in any subsequent hearings by the Insurance Department. In the event other misconduct is reported to the Department, this Order may be used as evidence against Respondents to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

Respondents are 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 William G. "Buddy" Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions


described herein and any defenses thereto.

If Respondents fail to pay the fines ordered herein or request a hearing within 30 days of receipt of this Order, this Order shall become a **FINAL ORDER** on the 31st day following the receipt of the Order, Respondent's license shall be **SUSPENDED**, and the face amount of the bond forfeiture shall be withdrawn from Allegheny's deposit and forwarded to the Woods County Court Clerk.

WITNESS My Hand and Official Seal this 8th day of May, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF MAILING

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 8th day of May, 2012, to:

Roger Hada
427 Barnes Ave., Suite 3
Alva, OK 73717-2286

Allegheny Casualty Company
ATTN: Thomas F. Ritchey
P.O. Box 1116
Meadville, PA 16335



William G. "Buddy" Combs

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

OFFICIAL USE

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



Total Post

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

Roger Hada
 427 Barnes Ave., Suite 3
 Alva, Ok 73717-2286
 sms/12-0418-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:

Roger Hada
 427 Barnes Ave., Suite 3
 Alva, Ok 73717-2286
 sms/12-0418-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Roger Hada*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Roger Hada

C. Date of Delivery

5/10/12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No ☒

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAY 14 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 2321

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)

OFFICIAL USE

7001 0320 0004 4250 2314

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



Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Allegheny Casualty Company
Attn: Thomas F. Ritchey
P.O. Box 1116
Meadville, PA 16335
sms/12-0418-DIS/Cond. Ord.

PS Form 3800, January 2001

See Reverse for Instructions

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(Transfer from service label)

7001 0320 0004 4250 2314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

RECEIVED Nicola Scarpell

Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

MAY 31 2012

Legal Division

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes