

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
KIMBERLY CASS, a licensed bail bondsman in)
the State of Oklahoma,)
AND)
AMERICAN CONTRACTORS INDEMNITY)
COMPANY, an insurance company licensed to act)
as bail surety in the State of Oklahoma,)
Respondents.)

FILED
JUN 27 2012
INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 12-0590-DIS

**CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Kimberly Cass ("Cass") is a licensed bail bondsman in the State of Oklahoma holding license number 199601.

3. Respondent American Contractors Indemnity Company ("ACIC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10216.

FINDINGS

1. On or about December 8, 2011, an appearance bond was executed as follows:

Defendant:	Arthur Chester Jones
Case Number(s):	CM-1997-165
City/County:	Osage County
Surety:	American Contractors Indemnity Company
Bondsman:	Kimberly Cass
Power Number(s):	A7-2253330
Bond Amount(s):	\$500

2. On February 3, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on February 22, 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. Cass received a copy of the Order and Judgment of Forfeiture on March 7, 2012.

4. ACIC received a copy of the Order and Judgment of Forfeiture on February 27, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, June 6, 2012. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days of receipt of the Order and Judgment of Forfeiture.

6. As of the date of this Conditional Order, the bond forfeiture 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. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the

Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.”

ORDER

IT IS THEREFORE ORDERED that Kimberly Cass and American Contractors Indemnity Company are each **FINED** Two Hundred Fifty Dollars (\$250.00), due and payable to the Oklahoma Insurance Department.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Osage County Court Clerk (or the bond forfeiture otherwise vacated or set aside) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of ACIC’s license privilege and authorization to do business within the State of Oklahoma and the **CANCELLATION** of the surety appointment of all surety bondsman agents of ACIC.

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 William G. “Buddy” Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents’ actions alleged 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, ACIC's license privilege and surety appointments shall be cancelled, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 27th day of June, 2012.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in dark ink, appearing to read "Buddy Combs", written over a horizontal line.

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 27th day of June, 2012, to:

Kimberly Cass
230 E. 5th Street
Pawhuska, OK 74056-5204

American Contractors Indemnity Company
ATTN: Legal Department
601 S. Figueroa St., STE 1600
Los Angeles, CA 90017-5721



William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0004 4250 3199

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

Total Po

Sent To

Street, Apt.
 or PO Box
 City, State,

Kimberly Cass
 230 E. 5th Street
 Pawhuska, Ok 74056-5204
 sms/12-0590-DIS/Admin. 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:

Kimberly Cass
 230 E. 5th Street
 Pawhuska, Ok 74056-5204
 sms/12-0590-DIS/Admin. Ord.

OKLAHOMA INSURANCE DEPARTMENT

JUL 10 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Kim Cass

C. Date of Delivery

7/5/12

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

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 3199

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

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



Total Pos American Contractors Indemnity Co
 Sent To Attn: Legal Department
 Street, Apt or PO Box 601 S. Figueroa St., Suite 1600
 City, State Los Angeles, CA 90017-5721
 sms/12-0590-DIS/Cond. Ord.

PS Form 3800, January 2001

See Reverse for Instructions

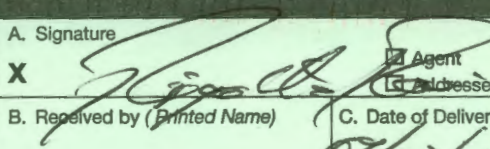
SENDER: COMPLETE THIS SECTION

- 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:

American Contractors Indemnity Co
 Attn: Legal Department
 601 S. Figueroa St., Suite 1600
 Los Angeles, CA 90017-5721
 sms/12-0590-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 RECEIVED JUL 10 2012
 OKLAHOMA INSURANCE DEPARTMENT

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

Local Division

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 3205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540