

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
TIFFANY CHARLES, a licensed bail bondsman)
in the State of Oklahoma,)
)
AND)
INDIANA LUMBERMENS MUTUAL)
INSURANCE COMPANY, an insurance company)
licensed to act as bail surety in the State of)
Oklahoma,)
)
Respondents.)

FILED

JUL 24 2012

INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 12-0677-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 Tiffany Charles ("Charles") is a licensed bail bondsman in the State of Oklahoma holding license number 100113610.

3. Respondent Indiana Lumbermens Mutual Insurance Company ("Indiana Lumbermens") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 14265.

FINDINGS

1. On or about March 16, 2012, appearance bonds were executed as follows:

Defendant:	Bradley Jay Huckeby
Case Number(s):	E0073497; E0073497F
City/County:	Moore Municipal
Surety:	Indiana Lumbersmens
Bondsman:	Tiffany Charles
Power Number(s):	776013; 776192
Bond Amount(s):	\$269; \$219

2. On April 4, 2012, the Defendant failed to appear, and the bonds were declared forfeited. An Order and Judgment of Forfeiture was issued by the court on April 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. The mailing to Charles was returned "Unclaimed."

4. Indiana Lumbersmens received a copy of the Order and Judgment of Forfeiture on April 9, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Indiana Lumbersmens was Monday, July 9, 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. The forfeitures were paid on July 20, 2012.

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.

ORDER

IT IS THEREFORE ORDERED that Tiffany Charles and Indiana Lumbermens Mutual Insurance Company are each FINED Two Hundred Fifty Dollars (\$250.00), due and payable to the Oklahoma Insurance Department.

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, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 24th day of July, 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 24th day of July, 2012, to:

Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928

Indiana Lumbermens Mutual Insurance Company
ATTN: Joanne Burnes
8888 Keystone Crossing
Indianapolis, IN 46240



William G. "Buddy" Combs

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

7001 0320 0004 4250 3830

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P		
Sent To Tiffany Charles 1309 Rebecca Ln. Norman, Ok 73072-5928 sms/12-0677-DIS/Cond. Ord.		
Street, A or PO Bc City, Stat		

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature X <i>Charles King</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Tiffany Charles 1309 Rebecca Ln. Norman, Ok 73072-5928 sms/12-0677-DIS/Cond. Ord. </div>	B. Received by (Printed Name) <i>Charles King</i> C. Date of Delivery JUL 30 2012
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED OKLAHOMA INSURANCE DEPARTMENT If Yes, enter delivery address below:
	Legal Service Type <input 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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 0320 0004 4250 3830	

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 3847

Postage	\$		 Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & F			
Sent To		Indiana Lumbermens Mutual IC Attn: Joanne Burnes 8888 Keystone Crossing Indianapolis, IN 46240 sms/12-0677-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:

Indiana Lumbermens Mutual IC
 Attn: Joanne Burnes
 8888 Keystone Crossing, 250
 Indianapolis, IN 46240
 sms/12-0677-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lynette Blankenship* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Lynette Blankenship 07/27/12

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

OKLAHOMA INSURANCE DEPARTMENT

RECEIVED
 AUG 02 2012

INDIANAPOLIS, IN
 JUL 27 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 3847