

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

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
CANDISE ADCOCK, a licensed bail bondsman )  
in the State of Oklahoma, )  
AND )  
SAFETY NATIONAL CASUALTY )  
CORPORATION, an insurance company licensed )  
to act as bail surety in the State of Oklahoma, )  
Respondents. )

CASE NO. 12-0709-DIS

**FILED**

AUG 10 2012

INSURANCE COMMISSIONER  
OKLAHOMA

**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 Candise Adcock ("Adcock") is a licensed bail bondsman in the State of Oklahoma holding license number 200181.

3. Respondent Safety National Casualty Corporation ("SNCC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 15105.

**FINDINGS**

1. On or about March 10, 2012, an appearance bond was executed as follows:

Defendant:	Gregory Robert Davis, Jr.
Case Number(s):	JDL-2012-24
City/County:	Canadian County
Surety:	Safety National Casualty Corporation
Bondsman:	Candise Adcock
Power Number(s):	S5-2056217
Bond Amount(s):	\$1,000

2. On April 26, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on April 27, 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. Adcock received a copy of the Order and Judgment of Forfeiture on April 28, 2012.

4. SNCC received a copy of the Order and Judgment of Forfeiture on May 1, 2012.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Saturday, July 28, 2012. Therefore, the due date for payment of the bond forfeiture was Monday, July 30, 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 on July 30, 2012.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

### **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 Candise Adcock and Safety National Casualty Corporation are each CENSURED and FINED in the amount of Two Hundred Fifty Dollars (\$250.00).**

**IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Canadian County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the CANCELLATION of Safety National Casualty Corporation’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 Safety National Casualty Corporation.**

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 56<sup>th</sup> 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 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 10<sup>th</sup> day of August, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
William G. "Buddy" Combs  
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 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 10<sup>th</sup> day of August, 2012, to:

Candise Adcock  
446 W. Main St.  
Yukon, OK 73099-1218

Safety National Casualty Corporation  
1832 Schuetz Rd.  
St. Louis, MO 63146-3540

  
\_\_\_\_\_  
William G. "Buddy" Combs

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

7001 0320 0003 9967 9404

OFFICIAL USE

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



**Total Post:**

Sent To	Candise Adcock
Street, Apt. 1 or PO Box N	446 W. Main St.
City, State, Z	Yukon, Ok 73099-1218 sms/12-0709-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:

Candise Adcock  
446 W. Main St.  
Yukon, Ok 73099-1218  
sms/12-0709-DIS/Cond. Ord.

2. Article Number  
(Transfer from service label)

7001 0320 0003 9967 9404

PS Form 3811, February 2004

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

08-11-12

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

3. Service Type

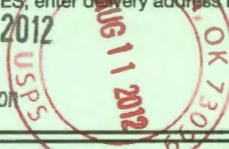
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

AUG 14 2012

Legal Division



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



Sent To  
Street, Apt  
or PO Box  
City, State  
Safety National Casualty Corp.  
1832 Shuetz Road  
St. Louis, MO 63146-3540  
sms/12-0709-DIS/Cond. Ord.

PS Form 3800, January 2001

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:**

Safety National Casualty Corp.  
1832 Shuetz Road  
St. Louis, MO 63146-3540  
sms/12-0709-DIS/Cond. Ord.

**2. Article Number**  
(Transfer from service label)

7001 0320 0003 9967 9398

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

*Joe Bauer*

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

Joe Bauer

**C. Date of Delivery**

8/16/12

**D. Is delivery address different from item 1?**

☐ Yes

☐ No

If YES, enter delivery address below:  
OKLAHOMA INSURANCE DEPARTMENT

AUG 21 2012

**3. Service Type**

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes