



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 OF FACT**

1. On or about February 2, 2012, an appearance bond was executed as follows:

Defendant:	Lafayette Jerome Plaire
Case Number(s):	CF-2006-8119
City/County:	Oklahoma County
Surety:	Safety National Casualty Corporation
Bondsman:	Melanie Bradford
Power Number(s):	S5-2045967
Bond Amount(s):	\$2,000

2. On June 25, 2012, the Defendant failed to appear, and the bond was declared forfeited.

An Order and Judgment of Forfeiture was issued by the court on July 20, 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. Bradford received a copy of the Order and Judgment of Forfeiture on July 23, 2012.

4. SNCC received a copy of the Order and Judgment of Forfeiture on July 24, 2012.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, October 22, 2012.

6. On October 18, 2012, Bradford’s son Adrion submitted check number 4025 from her account in the amount of \$6,000 as payment of the forfeiture in this case and cases CF-2002-6643 and CF-2003-3132. The check was returned as “not sufficient funds.” The check was insufficient because of a clerical mistake made by Respondent, which led to a sum of \$6,000 being deposited into the wrong bank account. This mistake was not an intention or willful attempt by Respondent to avoid paying the forfeiture within the 91 day period.

7. On November 1, 2012, Bradford replaced the insufficient funds check.
8. 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 after receipt of the Order and Judgment of Forfeiture by Respondents.

**CONCLUSIONS OF LAW**

1. The allegations are found to be true and correct, and Melanie Bradford 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.
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 censure.

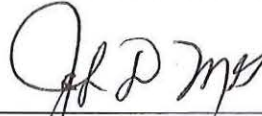
**ORDER**

**IT IS THEREFORE ORDERED that Melanie Bradford is CENSURED.**

WITNESS My Hand and Official Seal this 11<sup>th</sup> day of January, 2013.



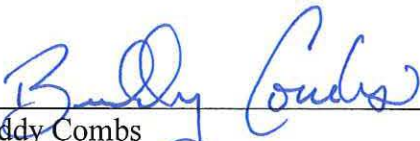
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
JOHN D. MILLER  
HEARING EXAMINER

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Administrative Order* was mailed certified, return receipt requested, on this 14<sup>th</sup> day of January, 2013, to:

Malanie Bradford  
217 N. Harvey Ave., Suite 504  
Oklahoma City, OK 73102-3802

  
\_\_\_\_\_  
Buddy Combs  
Assistant General Counsel

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Nicole Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> Melanie Bradford  217 N. Harvey Ave., Suite 504  OKC, OK 73102-3802  sms/12-1013-DIS/Admin Ord </div>		B. Received by (Printed Name) <i>Nicole Smith</i> C. Date of Delivery <i>1-15-13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" 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 0003 9967 2825			

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 Postage & Fees \$	
Sent To	
Street, Ap or PO Box	
City, State	
Melanie Bradford 217 N. Harvey Ave., Suite 504 OKC, OK 73102-3802 sms/12-1013-DIS/Admin Ord	
PS Form 3811, February 2004 See Reverse for Instructions	

7001 0320 0003 9967 2825