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| Defendant: | Amanda N. Wikel |
| Case Number(s): | CM-2009-1987 |
| City/County: | Payne County |
| Surety: | United States Fire Insurance Company |
| Bondsman: | James Manuel |
| Power Number(s): | U5-20300923 |
| Bond Amount(s): | \$500 |

2. On July 20, 2012, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on July 20, 2012. 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 filing of the Order and Judgment of Forfeiture.

3. Manuel received a copy of the Order and Judgment of Forfeiture on July 23, 2012.

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

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Sunday, October 21, 2012.

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

7. 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.

8. As of the date of this Order, the forfeited bond has not been paid or otherwise set aside or 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 United States Fire Insurance Company and James Manuel are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Payne 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 United States Fire Insurance Company’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 United States Fire Insurance Company.

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

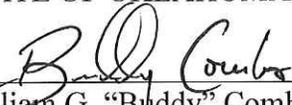
NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondents' actions alleged herein and any defenses thereto.

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 3rd day of December, 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) 522-0125

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 3rd day of December, 2012, to:

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846

United States Fire Insurance Company
Attn: Bail Bond Division
305 Madison Ave.
Morristown, NJ 07962



William G. Buddy Combs

| 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 <i>Connie Manuel</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;"> James Manuel 1209 S. Main St. Stillwater, Ok 74074-5846 sms/12-1050-DIS/Cond. Ord. </div> | | B. Received by (Printed Name) <i>C. MANUEL</i> C. Date of Delivery <i>12-5</i> | |
| 2. Article Number (Transfer from service label) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | | 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 | |
| Sent To | James Manuel 1209 S. Main St. Stillwater, Ok 74074-5846 sms/12-1050-DIS/Cond. Ord. |
| Street, Apt. No. or PO Box No. | |
| City, State, ZIP | |
|  | |
| 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 <input checked="" 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;"> United States Fire Insurance Co Attn: Bail Bond Division 305 Madison Ave. Morrisontown, NJ 07962 sms/12-1050-DIS/Cond. Ord. </div> | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| 7001 0320 0003 9967 7554 | | 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 | |
| Sent To | United States Fire Insurance Co |
| Street, Apt. No. or PO Box No. | Attn: Bail Bond Division 305 Madison Ave. |
| City, State, ZIP | Morrisontown, NJ 07962 sms/12-1050-DIS/Cond. Ord. |
| PS Form 3800, January 2001 | See Reverse for Instructions |

7001 0320 0003 9967 7554

