

Defendant:	Kiley James Porter
Case Number(s):	CM-2012-923
City/County:	Payne County
Surety:	United States Fire Insurance Company
Bondsman:	James Manuel
Power Number(s):	U1-20403323
Bond Amount(s):	\$500

2. On June 15, 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 13, 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 16, 2012.

4. USFIC received a copy of the Order and Judgment of Forfeiture on July 17, 2012.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Sunday, October 14, 2012.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, October 15, 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

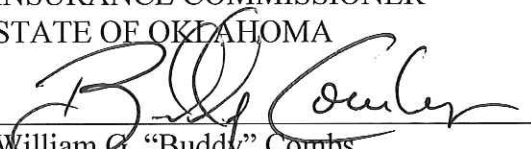
NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondents' actions alleged herein and any defenses thereto.

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

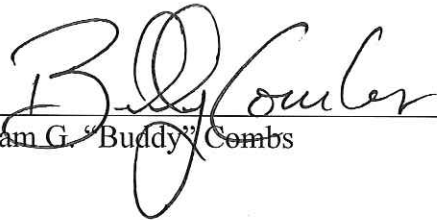

William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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 x <i>Connie Manuel</i> <input type="checkbox"/> Agent <input checked="" 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/12-1054-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	<div style="text-align: center;"> RECEIVED OKLAHOMA INSURANCE DEPARTMENT DEC 07 2012 </div> 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0003 9967 7530		
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	
Sent To	James Manuel 1209 S. Main St. Stillwater, Ok 74074-5846 sms/12-1054-DIS/Cond. Ord.
Street, Apt. No. or PO Box No.	
City, State, ZIP	
PS Form 3800, January 2001 See Reverse for Instructions	

OKLAHOMA CITY, OK
 DEP
 Postmark Here
 2012
 11590

7001 0320 0003 9967 7530

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>[Signature]</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;"> United States Fire Insurance Co Attn: Bail Bond Division 305 Madison Ave. Morrisontown, NJ 07962 sms/12-1054-DIS/Cond. Ord. </div>		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>[Signature]</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7001 0320 0003 9967 7547	
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 Post		

Sent To: **United States Fire Insurance Co**
Attn: Bail Bond Division
305 Madison Ave.
Morrisontown, NJ 07962
sms/12-1054-DIS/Cond. Ord.

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0003 9967 7547