

Defendant:	Russell Ruddell Bryce
Case Number(s):	CM-2012-331
City/County:	Pottawatomie County
Surety:	Safety National Casualty Corporation
Bondsman:	Charles David Van Brunt
Power Number(s):	S5-2060063
Bond Amount(s):	\$1000

2. On June 7, 2012, the Defendant failed to appear, and the court orally declared the bond forfeited. An Order and Judgment of Forfeiture was filed by the court on July 5, 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 Order's filing.

3. Van Brunt received a copy of the Order and Judgment of Forfeiture on July 7, 2012.

4. SNCC received a copy of the Order and Judgment of Forfeiture on July 10, 2012.

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

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Saturday, October 6, 2012. Because that day fell on a weekend and Pottawatomie County offices closed on Columbus Day, Monday, October 8, 2012, the 91st day for statutory purposes was Tuesday, October 9, 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 bond forfeiture 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 Safety National Casualty Corporation and Charles David Van Brunt 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 Pottawatomie 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 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 2nd day of January, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

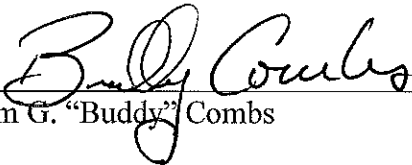

William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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 2nd day of January, 2013, to:

Charles David Van Brunt
34704 Lake Rd.
Shawnee, OK 74801-2462

Safety National Casualty Corporation
ATTN: Nick Kriegel
1832 Schuetz Rd.
St. Louis, MO 63146



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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Charles David Van Brunt 34704 Lake Rd. Shawnee, Ok 74801-2462 sms/12-1124-DIS/Cond. Ord. </div>	B. Received by (<i>Printed Name</i>) C. Date of Delivery David Van Brunt
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
	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
	7001 0320 0003 9967 3082

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	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center;"> OKLAHOMA CITY OK 73159 JAN 08 2013 PENN-89 USPS </div> Postmark Here
Total Postage Sent To Street, Apt. No. or PO Box No. City, State, Zip	<div style="border: 1px solid black; padding: 5px;"> Charles David Van Brunt 34704 Lake Rd. Shawnee, Ok 74801-2462 sms/12-1124-DIS/Cond. Ord. </div>
PS Form 3800, January 2001	See Reverse for Instructions

7001 0320 0003 9967 3082

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. 	<p>A. Signature <i>Joe Bauer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>JAN 11 2012</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Safety National Casualty Corp. Attn: Nick Kriegel 1832 Schuetz Rd. St. Louis, MO 63146 sms/12-1124-DIS/Cond. Ord.</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RECEIVED YES, enter delivery address below: <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT JAN 11 2013</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0003 9967 3099</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p>	<div style="text-align: center;">  <p>Postmark Here</p> </div>
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Safety National Casualty Corp. Attn: Nick Kriegel 1832 Schuetz Rd. St. Louis, MO 63146 sms/12-1124-DIS/Cond. Ord.</p> </div>
<p>PS Form 3800, January 2007 See Reverse for Instructions</p>	

7001 0320 0003 9967 3099