

**FILED**

FEB 26 2013

INSURANCE COMMISSIONER  
OKLAHOMA

MELANIE BRADFORD, 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.

## JURISDICTION

- ## FINDINGS

1. On or about April 20, 2012, an appearance bond was executed as follows:

Defendant:	Marvin Odell Hopgood
Case Number(s):	CR-2012-2548
City/County:	Bethany Municipal
Surety:	Safety National Casualty Corporation
Bondsman:	Melanie Bradford
Power Number(s):	S5-2060313
Bond Amount(s):	\$646

2. On August 23, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court 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 September 20, 2012.

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

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, December 20, 2012.

6. 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.

7. As of the date of this Order, the bond forfeiture has not be paid or 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 Safety National Casualty Corporation and Melanie Bradford are each **CENSURED**.

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Bethany Municipal 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 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.**

WITNESS My Hand and Official Seal this \_\_\_\_ day of February, 2013.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Buddy Combs", is written over a horizontal line.

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) 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 26th day of February, 2013, to:


Melanie Bradford  
217 N. Harvey Ave., Suite 504  
Oklahoma City, OK 73102

Safety National Casualty Corporation  
Attn: Legal Division  
1832 Schuetz Rd.  
St. Louis, MO 63146-3540

  
Buddy Combs



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	Melanie Bradford
Street, Apt. 1 or PO Box N	217 N. Harvey Ave., Suite 504
City, State, ZIP	OKC, OK 73102
	sms/13-0169-DIS/Cond. Ord.
PS Form 3800, January 2001 See Reverse for Instructions	

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Nicole Smith</u> C. Date of Delivery <u>2-27-13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px;"> Melanie Bradford  217 N. Harvey Ave., Suite 504  OKC, OK 73102  sms/13-0169-DIS/Cond. Ord. </div>	<div style="text-align: center;"> RECEIVED  OKLAHOMA INSURANCE DEPARTMENT  MAR 1 2013  Legal Division </div>
2. Article Number (Transfer from service label)	3. Service Type <input 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 1842	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

**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.  
Attn: Bail Bond Division  
1832 Schuetz Rd.  
St. Louis, MO 63146-3540  
sms/13-0169-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

RECEIVED Joe Bauer

C. Date of Delivery

3/6/13

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

Legal Division

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7001 0320 0003 9967 1866