

FILED

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INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 13-0173-DIS

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.

2. Respondent Jerry Dowell (“Dowell”) is a licensed bail bondsman in the State of Oklahoma holding license number 199442.

3. Respondent Allegheny Casualty Company (“ACC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 13285.

1. On or about August 22, 2012, an appearance bond was executed as follows:

Defendant: Jack Morris May
Case Number(s): CM-12-3421
City/County: Oklahoma County

Surety:	Allegheny Casualty Company
Bondsman:	Jerry Dowell
Power Number(s):	AS3K-198995
Bond Amount(s):	\$2,000

2. On October 19, 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 November 6, 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. Dowell received a copy of the Order and Judgment of Forfeiture on November 7, 2012.

4. ACC received a copy of the Order and Judgment of Forfeiture on November 14, 2012.

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

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, February 6, 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. On February 27, 2013, Dowell paid the forfeiture.

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.

ORDER

IT IS THEREFORE ORDERED that Allegheny Casualty Company is **CENSURED**.

IT IS FURTHER ORDERED that Jerry Dowell is **FINED** Two Hundred Fifty Dollars (\$250.00).

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 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 fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 8th day of March, 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

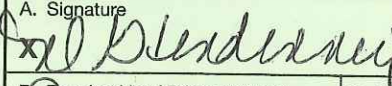
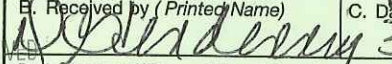
I hereby certify that a true and correct copy of the above and foregoing *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 8th day of March, 2013, to:

Jerry Dowell
809 Robert S. Kerr Ave.
Oklahoma City, OK 73106-7607

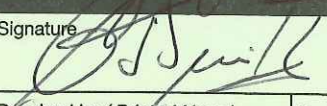
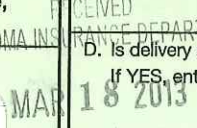
Allegheny Casualty Company
ATTN: Bail Bond Division
1 Newark Center, FL 20
Newark, NJ 07102


Buddy Combs

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Jerry Dowell 809 Robert S. Kerr Ave. OKC, OK 73106-7607 sms/13-0173-DIS/Amd Con. 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 
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Jerry Dowell 809 Robert S. Kerr Ave. OKC, OK 73106-7607 sms/13-0173-DIS/Amd Con. Ord </div>	B. Received by (Printed Name) 
	C. Date of Delivery 3/9/13
	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) 7001 0320 0003 9966 9382	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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 \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Allegheny Casualty Company Attn: Bail Bond Division 1 Newark Center, FL 20 Newark, NJ 07102 sms/13-0173-DIS/Amd Con. 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Allegheny Casualty Company Attn: Bail Bond Division 1 Newark Center, FL 20 Newark, NJ 07102 sms/13-0173-DIS/Amd Con. Ord </div>	B. Received by (Printed Name) C. Date of Delivery 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? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<div style="text-align: center;">  RECEIVED OKLAHOMA INSURANCE DEPARTMENT Legal Division </div>
7001 0320 0003 9966 9399	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	