

Defendant:	Tommie James Jetton
Case Number(s):	5852935
City/County:	Tulsa Municipal
Surety:	Allegheny Casualty Company
Bondsman:	Ronald Nunneley
Power Number(s):	AS1K-252941
Bond Amount(s):	\$150

2. On October 11, 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 October 24, 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. Nunneley received a copy of the Order and Judgment of Forfeiture on October 29, 2012.

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

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, January 28, 2013.

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 been paid or otherwise 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. § 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 Allegheny Casualty Company and Ronald Nunneley are each **CENSURED**.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Tulsa 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 Allegheny Casualty 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 Allegheny Casualty 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 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.

WITNESS My Hand and Official Seal this 8th day of March, 2013.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Buddy Combs
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 8th day of March, 2013, to:

Ronald Nunneley
3701A S. Harvard Ave., #312
Tulsa, OK 74135-2265

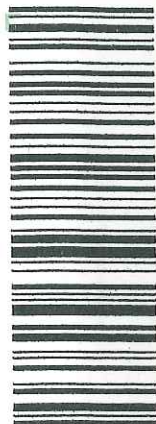
Allegheny Casualty Company
ATTN: Bail Bond Division
1 Newark Center, FL 20
Newark, NJ 07102

Buddy Combs
Buddy Combs



Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL



7001 0320 0003 9966 9252



U.S. POSTAGE PITNEY BOWES
 ZIP 73112 \$006.77⁰
 02 1W
 0001363374 MAR 08 2013

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

APR 10 2013

Legal Division

|||||
 Ronald Nunneley
 3701A S. Harvard Ave., #312
 Tulsa, OK 74135-2265

*NO +
 3-11
 3-20 2nd
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NIXIE 731 DE 1 0004/02/13
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 73112451125 *2557-0013-08-12
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Ronald Nunneley
 3701A S. Harvard Ave., #312
 Tulsa, OK 74135-2265
 sms/13-0187-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature A

X B. Received by (Printed Name) A

C. Date of A

D. Is delivery address different from item 1? Y N

If YES, enter delivery address below:

OKLAHOMA INSURANCE DEPARTMENT
 APR 10 2004
 Legal Division

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Y N

2. Article Number (Transfer from service label) **7001 0320 0003 9966 9252**

PS Form 3811, February 2004 Domestic Return Receipt 102596

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: **Ronald Nunneley**

Street, Apt. or PO Box No.: **3701A S. Harvard Ave., #312**

City, State, ZIP+4: **Tulsa, OK 74135-2265**

City, State, ZIP+4: **sms/13-0187-DIS/Cond. Ord.**

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post:	
Sent To	Allegheny Casualty Company Attn: Bail Bond Division 1 Newark Center, Fl 20 Newark, NJ 07102 sms/13-0187-DIS/Cond. Ord.
Street, Apt. or PO Box No.	
City, State, ZIP	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0003 9966 9245

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 18 2013 Legal Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Allegheny Casualty Company Attn: Bail Bond Division 1 Newark Center, Fl 20 Newark, NJ 07102 sms/13-0187-DIS/Cond. Ord.</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0003 9966 9245</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	