

Case Number(s):	CF-2011-3416
City/County:	Oklahoma County
Surety:	Ronal Eden
Bondsman:	Jane Regenold
Power Number(s):	2909
Bond Amount(s):	\$3,000

2. On November 7, 2011, 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. Regenold received a copy of the Order and Judgment of Forfeiture on November 29, 2011.

4. Eden received a copy of the Order and Judgment of Forfeiture on November 29, 2011.

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

7. As of the date of this Order, the bond forfeiture has not been paid or set aside.

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 violating a provision of the Bail Bond Act may be subject to a civil penalty ranging from \$250 to \$2,500.

ORDER

IT IS THEREFORE ORDERED that Jane Regenold and Ronal Eden are each CENSURED and FINED Three Hundred Dollars (\$300.00).

IT IS FURTHER ORDERED that pursuant 59 O.S. § 1332 the face amount of the bond, Three Thousand Dollars (\$3,000.00), shall be withdrawn from the deposit placed with the State of Oklahoma by Ronal Eden as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Oklahoma County Court Clerk for payment of the bond in case number CF-2011-3416, Defendant Louanne Anderson. Such sums shall not be withdrawn from the deposit of Ronal Eden if the bond forfeiture is paid or set aside within 30 days of receipt of this Order.

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 face amount of the bond forfeiture shall be withdrawn from Ronal Eden's professional deposit

and forwarded to the Oklahoma County Court Clerk.

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:

Jane Regenold
805 Robert S Kerr Ave.
Oklahoma City, OK 73106-7607

Ronal Eden
805 Robert S Kerr Ave.
Oklahoma City, OK 73106-7607

Buddy Combs
Buddy Combs

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL RECEIPT	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Jane Regenold 805 Robert S. Kerr Ave. OKC, OK 73106-7607 sms/13-0189-DIS/Cond. Ord.
Street, Apt. or PO Box	
City, State	
 Postmark Here	
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 type="checkbox"/> Addressee <i>X Monica Flores</i>
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Monica Flores</i>
Jane Regenold 805 Robert S. Kerr Ave. OKC, OK 73106-7607 sms/13-0189-DIS/Cond. Ord.	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No MAR 12 2013 Legal Division
2. Article Number (Transfer from service label)	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 9966 9290	
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)

7001 0320 0003 9966 9283

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: **Ronal Eden**
 805 Robert S. Kerr Ave.
 OKC, OK 73106-7607
 sms/13-0189-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"> 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Monica Flores</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Monica Flores</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Legal Division</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Ronal Eden 805 Robert S. Kerr Ave. OKC, OK 73106-7607 sms/13-0189-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>7001 0320 0003 9966 9283</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540