

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED

MAR 08 2013

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
 Petitioner,)
vs.)
VANESSA WILSON, a licensed bail bondsman in)
the State of Oklahoma,)
AND)
RAYMOND MERRILL, a licensed professional)
bail bondsman in the State of Oklahoma,)
 Respondents.)

CASE NO. 13-0192-DIS

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

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

JURISDICTION

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 Vanessa Wilson ("Wilson") is a licensed bail bondsman in the State of Oklahoma holding license number 40147408.
3. Respondent Raymond Merrill ("Merrill") is a licensed professional bail bondsman in the State of Oklahoma holding license number 199369.

FINDINGS OF FACT

1. On or about September 29, 2012, an appearance bond was executed as follows:

Defendant:	Katrice Lashaun Ratliff
Case Number(s):	7108592
City/County:	Tulsa Municipal
Surety:	Raymond Merrill
Bondsman:	Vanessa Wilson
Power Number(s):	10-9578
Bond Amount(s):	\$150

2. On October 29, 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 12, 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. The mailing of the Order and Judgment of Forfeiture to Wilson was returned "Unclaimed."

4. Merrill received a copy of the Order and Judgment of Forfeiture on November 20, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, February 19, 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.

ORDER

IT IS THEREFORE ORDERED that Vanessa Wilson and Raymond Merrill are each **CENSURED.**

IT IS FURTHER ORDERED that pursuant 59 O.S. § 1332 the face amount of the bond,

One Hundred Fifty Dollars (\$150.00), shall be withdrawn from the deposit placed with the State of Oklahoma by Raymond Merrill as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Tulsa Municipal Court Clerk for payment of the bond in case number 7108592, Defendant Katrice Lashaun Ratliff. Such sums shall not be withdrawn from the deposit of Raymond Merrill 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.

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:

Vanessa Wilson
6136 W 11th Street
Tulsa, OK 74127-7330

Raymond Merrill
104 N Oak Street
Sallisaw, OK 74955-4638


Buddy Combs

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0003 9966 9313

OFFICIAL USE



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

Total Post

Sent To: Vanessa Wilson
 6136 NW 11th Street
 Tulsa, Ok 74127-7330
sms/13-0192-DIS/Cond Ord

PS Form 3800, January 2001 See back of envelope for instructions

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:

Vanessa Wilson
 6136 NW 11th Street
 Tulsa, Ok 74127-7330
sms/13-0192-DIS/Cond Ord

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

OKLAHOMA DEPARTMENT OF REVENUE
 MAR 18 2013
 Local Division

7001 0320 0003 9966 9313

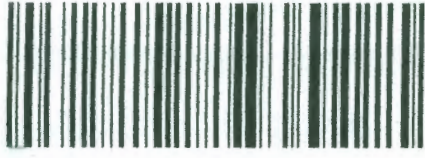




Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

Open

CERTIFIED MAIL



7001 0320 0003 9966 9313



Vanessa Wilson
 6136 NW 11th Street
 Tulsa, Ok 74127-7330



U.S. POSTAGE **POSTNET**
 ZIP 73112 \$ 006.
 02 1W
 0001363374 MAR 08

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAR 18 2013

U.S. POSTAGE

NIXIE 743 FF 1 0004/14/14
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 73112451125 *2557-06784-14-11

73112@4511

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	Raymond Merrill 104 N. Oak St. Sallisaw, Ok 74955-4638 sms/13-0192-DIS/Cond 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Debra K. Hamilton</i> DEBRA K. HAMILTON <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MERRILL BONDING COMPANY</p> <p>C. Date of Delivery MAR 11 2013</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Raymond Merrill 104 N. Oak St. Sallisaw, Ok 74955-4638 sms/13-0192-DIS/Cond Ord</p> </div>	<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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0003 9966 9306</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>	