



Surety:	Connie Allbritton
Bondsman:	Teresa Wanda Worley
Power Number(s):	3109
Bond Amount(s):	\$3,000

2. On November 16, 2012, the Defendant failed to appear, and the bond was orally declared forfeited. On December 7, 2012, 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. Worley received a copy of the Order and Judgment of Forfeiture on December 8, 2012.

4. Allbritton received a copy of the Order and Judgment of Forfeiture on December 10, 2012.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, March 8, 2013.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Saturday, March 9, 2012. Because that day fell on a weekend, the bond forfeiture payment was due Monday, March 11, 2012.

7. The Defendant was not returned to custody on or before March 8, 2013, nor was the face amount of the forfeited bond deposited with the Court Clerk on or before March 11, 2013.

8. Defendant was returned to custody on March 12, 2013.

9. On March 22, 2013, Respondents paid the bond 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.

**ORDER**

**IT IS THEREFORE ORDERED that Teresa Wanda Worley and Connie Allbritton are each CENSURED.**


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 27<sup>th</sup> day of March, 2013.

JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA



  
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 *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 27<sup>th</sup> day of March, 2013, to:

Teresa Wanda Worley  
1141 NW 34<sup>th</sup> St.  
Oklahoma City, OK 73118-5612

Connie Allbritton  
1017 N. Flood Ave.  
Norman, OK 73069-7643

  
Buddy Combs

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

**OFFICIAL USE**

7001 0320 0003 9966 7357

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

Sent To  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

Teresa Wanda Worley  
 1141 NW 34th St.  
 Oklahoma City, OK 73118-5612  
 rlg/13-0300-DIS/Am. Cond. Ord.

PS Form 3800, January

Postmark Here  
 MAR 27 2013  
 WILLAGE BR OKLAHOMA CITY OK  
 USPS 73120

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Teresa Wanda Worley</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Teresa Wanda Worley</i> C. Date of Delivery <i>4/1/2013</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Teresa Wanda Worley            1141 NW 34th St.            Oklahoma City, OK 73118-5612            rlg/13-0300-DIS/Am. Cond. Ord.</p> </div>	<p>RECEIVED          OKLAHOMA INSURANCE DEPARTMENT          APR 03 2013          Legal Division</p>
<p>2. Article Number          (Transfer from service label)</p>	<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>7001 0320 0003 9966 7357</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
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 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
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Sent To  
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Connie Allbritton  
 1017 N. Flood Ave.  
 Norman, OK 73069-7643  
 rlg/13-0300-DIS/Am. Cond. Ord.

Postmark Here  
 OKLAHOMA CITY, OK  
 MAR 28 2013  
 USPS 73120

PS Form 3800, January 2003

**SENDER: COMPLETE THIS SECTION**

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- 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:

Connie Allbritton  
 1017 N. Flood Ave.  
 Norman, OK 73069-7643  
 rlg/13-0300-DIS/Am. Cond. Ord.

2. Article Number (Transfer from service label) 7001 0320 0003 9966 7340

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 Kim Gowen

B. Received by (Printed Name) C. Date of Delivery  
 Kim Gowen 3-28-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED OKLAHOMA INSURANCE DEPARTMENT  
 APR 01 2013  
 Legal Division

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540