

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

FILED

APR 22 2013

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
 Petitioner,)
vs.)
)
KATIE HAZELWOOD, a licensed bail bondsman)
in the State of Oklahoma,)
)
AND)
)
INDIANA LUMBERMENS MUTUAL)
INSURANCE COMPANY, an insurance company)
licensed to act as bail surety in the State of)
Oklahoma,)
)
 Respondents.)

CASE NO. 13-0303-DIS

**AMENDED 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 Katie Hazelwood (“Hazelwood”) is a licensed bail bondsman in the State of Oklahoma holding license number 199979.
3. Respondent Indiana Lumbermens Mutual Insurance Company (“Indiana Lumbermens”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 14265.

FINDINGS OF FACT

1. On or about July 12, 2012, appearance bonds were executed as follows:

| | |
|------------------|-------------------------|
| Defendant: | Ryan Boyd |
| Case Number(s): | 115450711; F15450711 |
| City/County: | Oklahoma City Municipal |
| Surety: | Indiana Lumbersmens |
| Bondsman: | Katie Hazelwood |
| Power Number(s): | 446963; 446964 |
| Bond Amount(s): | \$346; \$182 |

2. On August 14, 2012, the Defendant failed to appear, and the bonds were declared forfeited. An Order and Judgment of Forfeiture was issued by the court for each bond on August 15, 2012, and filed in the case. A true and correct copy of each Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture.

3. Hazelwood received a copy of the Order and Judgment of Forfeiture on September 5, 2012.

4. Indiana Lumbersmens received a copy of the Order and Judgment of Forfeiture on August 20, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, December 5, 2012.

6. On December 5, 2012, Hazelwood paid the forfeitures by check. The check was returned to the Oklahoma City Municipal Clerk as “not sufficient funds.”

7. On April 2, 2013, the forfeitures were paid.

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 Katie Hazelwood and Indiana Lumbermens Mutual Insurance Company 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 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 27th day of April, 2013.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




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 22nd day of April, 2013, to:

Katie Hazelwood
1000 SW 100th Cir.
Oklahoma City, OK 73139-2923

Indiana Lumbermens Mutual Insurance Company
ATTN: Bail Bond Division
8888 Keystone Crossing
Indianapolis, IN 46240


Buddy Combs

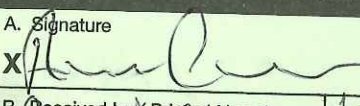
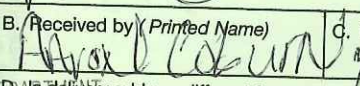
U.S. Postal Service KH-LEGAL
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

PS Form 3800, January 2004

7001 0320 0003 9967 4454

| 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 </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 4/23/13</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: OKLAHOMA INSURANCE DEPARTMENT</p> <p style="text-align: center; font-size: 1.2em; color: blue;">APR 26 2013</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Katie Hazelwood 1000 SW 100th Cir. Oklahoma City, OK 73139-2923 rlg/13-0303-DIS/Am.Cond.Adm.Ord.</p> </div> <p style="text-align: right; font-size: 0.8em;">Legal Division</p> | <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p style="text-align: center; font-size: 1.2em; color: blue;">7001 0320 0003 9967 4454</p> |

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

7001 0320 0003 9967 4461

OFFICIAL USE

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 _____

Indiana Lumbermens Mutual Insurance Company
 ATTN: Bail Bond Division
 8888 Keystone Crossing
 Indianapolis, IN 46240
 rlg/13-0303-DIS/Am.Cond.Adm.Ord.

APR 22 2013
 OKLAHOMA CITY OK 73112
 USPS

PS Form 3800, January 2004

| 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>Shirretta Blankenship</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>L. Blankenship</i></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;"> <p>Indiana Lumbermens Mutual Insurance Company ATTN: Bail Bond Division 8888 Keystone Crossing Indianapolis, IN 46240 rlg/13-0303-DIS/Am.Cond.Adm.Ord.</p> </div> <p>APR 30 2013 OKLAHOMA INSURANCE COMPANY Legal Division</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>7001 0320 0003 9967 4461</p> | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |