

Bondsman: James Manuel
Power Number(s): 5-24819
Bond Amount(s): \$5,000

2. On December 14, 2012, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court the same day. 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. Manuel received a copy of the Order and Judgment of Forfeiture on December 17, 2012.

4. Merrill received a copy of the Order and Judgment of Forfeiture on December 21, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, March 18, 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 James Manuel and Raymond Merrill are each CENSURED and FINED Five Hundred Dollars (\$500.00).

IT IS FURTHER ORDERED that pursuant 59 O.S. § 1332 the face amount of the bond, **Five Thousand Dollars (\$5,000.00)**, shall be withdrawn from the deposit placed with the State of Oklahoma by Raymond Merrill as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Payne County Court Clerk for payment of the bond in case number **CF-07-486, Defendant Michael Wade Wigington**. Such sums **shall not** be withdrawn from the deposit of Raymond Merrill if the bond forfeiture is paid or set aside within 30 days of receipt of this Order.

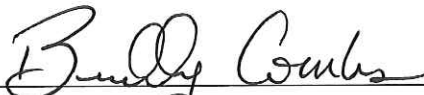
Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing 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 10th 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 10th day of April, 2013, to:

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846

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)

KH-2013

7001 0320 0003 9967 4690

OFFICIAL USE

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

Sent To: **James Manuel**
 1209 S. Main St.
 Stillwater, OK 74074-5846
 rlg/13-0371-DIS/Cond.Adm.Ord.

Postmark Here: APR 16 2013

PS Form 3800, July 2003 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 X <i>Kelsey Manuel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelsey Manuel</i></p> <p>C. Date of Delivery APR 16 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; margin: 10px 0;"> <p>James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 rlg/13-0371-DIS/Cond.Adm.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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0003 9967 4690</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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

KH-legal

OFFICIAL USE

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

Postmark Here
APR 16 2013
 39TH ST. STA. OKLAHOMA CITY, OK 73112
 USPS

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

Raymond Merrill
 104 N. Oak Street
 Sallisaw, OK 74955-4638
 rlg/13-0371-DIS/Cond.Adm.Ord.

PS Form 3800, January

7001 0320 0003 9967 4683

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 <i>Debra K. Hamilton</i> DEBRA K. HAMILTON <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>APR 16 2013</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <i>OKLAHOMA</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Raymond Merrill 104 N. Oak Street Sallisaw, OK 74955-4638 rlg/13-0371-DIS/Cond.Adm.Ord.</p> </div> <p><i>APR 16 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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0003 9967 4683</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>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	