

Defendant:	Katy Michell Helmer
Case Number(s):	CF-2012-2500
City/County:	Oklahoma County
Surety:	Safety National Casualty Corporation
Bondsman:	Crystal Phillips
Power Number(s):	S5-2060171
Bond Amount(s):	\$4500

2. On October 30, 2012, 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. The mailing of the Order and Judgment of Forfeiture to Phillips was returned "Unclaimed."

4. SNCC 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. SNCC paid the forfeiture on February 22, 2013.

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 Safety National Casualty Corporation and Crystal Phillips 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 10th day of April, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "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 10th day of April, 2013, to:

Crystal Phillips
5350 S. Western Ave., Suite 207H
Oklahoma City, OK 73109-4525

Safety National Casualty Corporation
Attn: Legal Division
1832 Schuetz Rd.
St. Louis, MO 63146-3540


Buddy Combs

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 23 2013**
 39TH ST. OKLAHOMA CITY, OKLA
 USPS

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

Safety National Casualty Corporation
 Attn: Legal Division
 1832 Schuetz Rd.
 St. Louis, MO 63146-3540
 rig/13-0372-DIS/Cond.Adm.Ord.

PS Form 3800, January 2003

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joe Bauer</i> C. Date of Delivery</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> <p>APR 23 2013</p> <p>Safety National Casualty Corporation Attn: Legal Division 1832 Schuetz Rd. St. Louis, MO 63146-3540 rig/13-0372-DIS/Cond.Adm.Ord.</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 4669</p>	
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540