

Defendant:	Kenneth Leonardo Smith
Case Number(s):	099431474
City/County:	Oklahoma City Municipal
Surety:	Safety National Casualty Corporation
Bondsman:	Billy Dismuke
Power Number(s):	S5-2086970
Bond Amount(s):	\$400

2. On December 10, 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. Dismuke received a copy of the Order and Judgment of Forfeiture on December 20, 2012.

4. SNCC received a copy of the Order and Judgment of Forfeiture on December 17, 2012.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, March 21, 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 be paid or set aside or the bond exonerated.

CONCLUSIONS OF LAW

1. 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.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.”

ORDER

IT IS THEREFORE ORDERED that Safety National Casualty Corporation and Billy Dismuke are each **CENSURED**.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Oklahoma City Municipal Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Safety National Casualty Corporation’s license privilege and authorization to do business within the State of Oklahoma and the **CANCELLATION** of the surety appointment of all surety bondsman agents of Safety National Casualty Corporation.

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




William G. "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:

Billy Dismuke
7204 NW 121st Street
Oklahoma City, OK 73162-1664

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)

KHL 2013

OFFICIAL USE

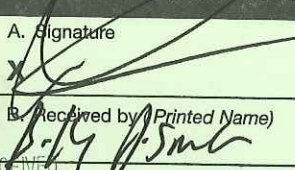
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

7001 0320 0003 9967 4638

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

Billy Dismuke
 7204 NW 121st Street
 Oklahoma City, OK 73162-1664
 rlg/13-0378-DIS/Cond.Adm.Ord.

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 </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Billy Dismuke 4-17-13</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:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Billy Dismuke 7204 NW 121st Street Oklahoma City, OK 73162-1664 rlg/13-0378-DIS/Cond.Adm.Ord.</p> </div>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">APR 17 2013</p> <p style="text-align: center;">Legal Division</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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 style="font-size: 1.2em; font-weight: bold;">7001 0320 0003 9967 4638</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

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

7001 0320 0003 9967 4621

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

Safety National Casualty Corporation
 Attn: Legal Division
 1832 Schuetz Rd.
 St. Louis, MO 63146-3540
 rlg/13-0378-DIS/Cond.Adm.Ord.

PS Form 3800, January

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 Safety National Casualty Corporation
 Attn: Legal Division Legal Division
 1832 Schuetz Rd.
 St. Louis, MO 63146-3540
 rlg/13-0378-DIS/Cond.Adm.Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joe Bauer* Agent Addressee

B. Received by (Printed Name) *Joe Bauer* 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

2. Article Number
 (Transfer from service label) 7001 0320 0003 9967 4621