

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

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
BILLY DISMUKE, a licensed bail bondsman in )  
the State of Oklahoma, )  
AND )  
SAFETY NATIONAL CASUALTY )  
CORPORATION, an insurance company licensed )  
to act as bail surety in the State of Oklahoma, )  
Respondents. )

CASE NO. 13-0381-DIS

**FILED**  
APR 10 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

**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 Billy Dismuke ("Dismuke") is a licensed bail bondsman in the State of  
Oklahoma holding license number 144708.

3. Respondent Safety National Casualty Corporation ("SNCC") is an insurance company  
licensed to act as bail surety in the State of Oklahoma holding NAIC number 15105.

**FINDINGS OF FACT**

1. On or about September 9, 2012, an appearance bond was executed as follows:

Defendant:	Tyron Bolton
Case Number(s):	053363351
City/County:	Oklahoma City Municipal
Surety:	Safety National Casualty Corporation
Bondsman:	Billy Dismuke
Power Number(s):	S5-2083572
Bond Amount(s):	\$167

2. On October 29, 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 Dismuke was returned "Unclaimed."

4. SNCC received a copy of the Order and Judgment of Forfeiture on November 5, 2012.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, February 4, 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 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 10<sup>th</sup> day of April, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

William G. "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 *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 10<sup>th</sup> day of April, 2013, to:

Billy Dismuke  
7204 NW 121<sup>st</sup> Street  
Oklahoma City, OK 73162-1664

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



**U.S. Postal Service**  
**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

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/13-0381-DIS/Cond.Adm.Ord.**

Postmark Here  
 APR 17 2013

PS Form 3800, January 2004

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  </p> <p>B. Received by (Printed Name)  <b>B. Dismuke</b></p> <p>C. Date of Delivery  <b>4/17/13</b></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>APR 17 2013</p>	
<p>1. Article Addressed to:</p> <p><b>Billy Dismuke</b>  <b>7204 NW 121st Street</b>  <b>Oklahoma City, OK 73162-1664</b>  <b>rlg/13-0381-DIS/Cond.Adm.Ord.</b></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>2. Article Number          (Transfer from service label)</p>		<p>7001 0320 0003 9967 4577</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**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

Sent To  
 Street, Apt. No., or PO Box No.  
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Safety National Casualty Corporation  
 Attn: Legal Division  
 1832 Schuetz Rd.  
 St. Louis, MO 63146-3540  
 rlg/13-0381-DIS/Cond.Adm.Ord.

PS Form 3800, January

Postmark Here

7001 0320 0003 9967 4560

**SENDER: COMPLETE THIS SECTION**

■ 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.

1. Article Addressed to:

Safety National Casualty Corporation  
 Attn: Legal Division  
 1832 Schuetz Rd.  
 St. Louis, MO 63146-3540  
 rlg/13-0381-DIS/Cond.Adm.Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

B. Received by (Printed Name)  
 Joe Bauer

C. Date of Delivery  
 APR 23 2013

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 4560

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