



**FINDINGS OF FACT**

1. On or about May 3, 2010, an appearance bond was executed as follows:

Defendant:	Hector Miguel Cruz
Case Number(s):	CF-2010-2634
City/County:	Oklahoma County
Surety:	Ronal Eden
Bondsman:	William Stephens
Power Number(s):	1120
Bond Amount(s):	\$3,500

2. On February 4, 2011, 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. Stephens received a copy of the Order and Judgment of Forfeiture on March 2, 2011.

4. Eden received a copy of the Order and Judgment of Forfeiture on March 2, 2011.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, June 1, 2011.

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 of receipt of the Order and Judgment of Forfeiture.

7. As of the date of this Order, the bond forfeiture has not been paid or set aside.

**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.

2. Pursuant to 59 O.S. § 1310(B), any bondsman violating a provision of the Bail Bond Act may be subject to a civil penalty ranging from \$250 to \$2,500.

**ORDER**

**IT IS THEREFORE ORDERED that William Stephens and Ronal Eden are each CENSURED and FINED Three Hundred Fifty Dollars (\$350.00).**

**IT IS FURTHER ORDERED that pursuant 59 O.S. § 1332 the face amount of the bond, Three Thousand Five Hundred Dollars (\$3,500.00), shall be withdrawn from the deposit placed with the State of Oklahoma by Ronal Eden as reserve to meet sums due on forfeiture. The sums withdrawn are to be forwarded to the Oklahoma County Court Clerk for payment of the bond in case number CF-2010-2634, Defendant Hector Miguel Cruz. Such sums shall not be withdrawn from the deposit of Ronal Eden if the bond forfeiture is paid or set aside within 30 days of receipt of this Order.**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 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 and the face**

**amount of the bond forfeiture shall be withdrawn from Ronal Eden's professional deposit and forwarded to the Oklahoma County Court Clerk.**

WITNESS My Hand and Official Seal this 2<sup>nd</sup> day of May, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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 2<sup>nd</sup> day of May, 2013, to:

William Stephens  
805 Robert S Kerr Ave.  
Oklahoma City, OK 73106-7607

Ronal Eden  
805 Robert S Kerr Ave.  
Oklahoma City, OK 73106-7607

  
Buddy Combs

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

*141-Legal*

7001 0320 0003 9967 4324

OFFICIAL USE

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



Sent To  
 William Stephens  
 805 Robert S. Kerr Ave.  
 Oklahoma City, OK 73106-7607  
 rlg/13-0454-DIS/Cond.Adm.Ord.

PS Form 3800, January 2012 Instructions

**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:

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAY 07 2013

William Stephens  
 805 Robert S. Kerr Ave.  
 Oklahoma City, OK 73106-7607  
 rlg/13-0454-DIS/Cond.Adm.Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *William Stephens*  Agent  Addressee

B. Received by (Printed Name)  
*William Stephens*

C. Date of Delivery  
*5/3/13*

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 4324



**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)		
<b>Total Postage &amp; Fees</b>	¢	

OKLAHOMA CITY, OK SHARTEL STA.  
 MAY 2 2013  
 Postmark Here  
 USPO

Sent To: Ronal Eden  
 Street, Apt. No., or PO Box No.: 805 Robert S. Kerr Ave.  
 City, State, ZIP+4: Oklahoma City, OK 73106-7607  
 rlg/13-0454-DIS/Cond.Adm.Ord.

PS Form 3800, January 2004

7001 0320 0003 9967 4331

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  <input checked="" type="checkbox"/> <i>Will Stephens</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Will Stephens</i> C. Date of Delivery <i>5/3/13</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>1. Article Addressed to:</p> <div style="border: 1px solid gray; padding: 5px; margin: 10px;">             Ronal Eden              805 Robert S. Kerr Ave.              Oklahoma City, OK 73106-7607              rlg/13-0454-DIS/Cond.Adm.Ord.           </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 style="font-size: 1.2em; text-align: center;">MAY 07 2013</p> <p style="text-align: center; font-size: 0.8em;">OKLAHOMA INSURANCE DEPARTMENT          Legal Division</p>
<p style="font-size: 1.2em; font-weight: bold;">7001 0320 0003 9967 4331</p>	

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