

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
Petitioner, )  
vs. )  
CASSANDRA MOUNGER, a licensed bail )  
bondsman in the State of Oklahoma, )  
AND )  
INDIANA LUMBERMENS MUTUAL )  
INSURANCE COMPANY, an insurance company )  
licensed to act as bail surety in the State of )  
Oklahoma, )  
Respondents. )

FILED

JUL 03 2013

INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 13-0589-DIS

**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 Cassandra Mounger ("Mounger") is a licensed bail bondsman in the State of Oklahoma holding license number 100135624.
3. Respondent Indiana Lumbermens Mutual Insurance Company ("Indiana Lumbermens") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 14265.

**FINDINGS OF FACT**

1. On or about October 13, 2012, an appearance bond was executed as follows:

Defendant:	Heather May Taylor
Case Number(s):	5887535
City/County:	Tulsa Municipal
Surety:	Indiana Lumbermens
Bondsman:	Cassandra Mounger
Power Number(s):	US1-447668
Bond Amount(s):	\$500

2. On December 14, 2012, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on January 2, 2013, 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 Order's filing.

3. The mailings to both ILMIC and Mounger failed.

4. The ninety-first (91<sup>st</sup>) day after mailing of the Order and Judgment of Forfeiture by Respondents was Wednesday, April 3, 2013.

5. 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.

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 Indiana Lumbermens Mutual Insurance Company and Cassandra Mounger are each CENSURED.**

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Tulsa 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 Indiana Lumbermens Mutual Insurance Company’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 Indiana Lumbermens Mutual Insurance Company.

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 Respondents**

shall be censured.

WITNESS My Hand and Official Seal this 3<sup>rd</sup> day of July, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Buddy Combs  
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 3<sup>rd</sup> day of July, 2013, to:

Cassandra Mounger  
313 State St.  
Muskogee, OK 74401-6350

Indiana Lumbermens Mutual Insurance Company  
ATTN: Legal Division  
8888 Keystone Crossing  
Indianapolis, IN 46240

Buddy Combs  
Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4249 9935

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		

**Sent To**  
 Cassandra Mounger  
 313 State St.  
 Muskogee, Ok 74401-6350  
 sms/13-0589-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for 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:

**Cassandra Mounger**  
 313 State St.  
 Muskogee, Ok 74401-6350  
 sms/13-0589-DIS/Cond Ord

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Cassandra Mounger*  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery *07-05-13*

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 0004 4249 9935**

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)

7001 0320 0004 4249 9942

OFFICIAL USE

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

Postmark  
Here

Total Postage **Indiana Lumbermens Mutual Ins Co**

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+  
**Attn: Legal Division**  
**8888 Keystone Crossing**  
**Indianapolis, IN 46240**  
**sms/13-0589-DIS/Cond Ord**

PS Form 3800, January 2007

See Reverse for 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:

**Indiana Lumbermens Mutual Ins Co**  
**Attn: Legal Division**  
**8888 Keystone Crossing**  
**Indianapolis, IN 46240**  
**sms/13-0589-DIS/Cond Ord**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*X* *Lenette Blankenship*
- B. Received by (Printed Name) *BLANKENSHIP*
- C. Date of Delivery *7/8/13*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: *Suite 250*

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 0004 4249 9942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540