



City/County:	Comanche County
Surety:	Allegheny Casualty Company
Bondsman:	Michele England
Power Number(s):	AS3K-210580
Bond Amount(s):	\$2,000

2. On January 23, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was filed in the court on February 22, 2013. 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. England received a copy of the Order and Judgment of Forfeiture on February 25, 2013.

4. ACC received a copy of the Order and Judgment of Forfeiture on February 25, 2013.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, May 27, 2013. Because that day was a holiday, the statutory 91<sup>st</sup> day was Tuesday, May 28, 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. On Wednesday, May 29, 2013 (the 92<sup>nd</sup> day), England paid the forfeiture.

#### **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 Allegheny Casualty Company and Michele England are each CENSURED.

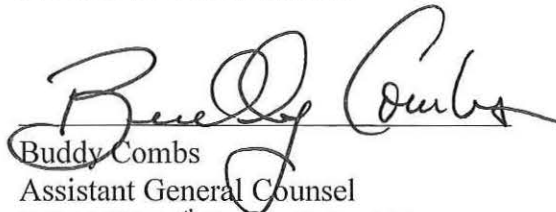
Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 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 31<sup>st</sup> day of July, 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 27<sup>th</sup> day of July, 2013, to:

Michele England  
1511 W GORE BLVD STE 2  
LAWTON, OK 73501-3662

Allegheny Casualty Company  
ATTN: Legal Division  
1 NEWARK CENTER FL 20  
NEWARK, NJ 07102

  
Buddy Combs

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

7001 0320 0004 4250 0075

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage</b>			
Sent To Michele England 1511 W. Gore Blvd., Suite 2 Lawton, OK 73501-3662 sms/13-0590-DIS/Cond. Ord.			
Street, Apt. No. or PO Box No. City, State, ZIP			
PS Form 3800, February 2004 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:

Michele England  
 1511 W. Gore Blvd., Suite 2  
 Lawton, OK 73501-3662  
 sms/13-0590-DIS/Cond. Ord.

2. Article Number  
 (Transfer from service label)

7001 0320 0004 4250 0075

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Michele England C. Date of Delivery 7/9/13

Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

7001 0320 0004 4250 0082

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		
Sent To	<b>Allegheny Casualty Company</b> Attn: Legal Division 1 Newark Center, Fl 20 Newark, NJ 07102 sms/13-0590-DIS/Cond. Ord.	
Street, Apt. No.; or PO Box No.		
City, State, ZIP+		

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:

JUL 23 2013

**Allegheny Casualty Company**  
 Attn: Legal Division  
 1 Newark Center, Fl 20  
 Newark, NJ 07102  
 sms/13-0590-DIS/Cond. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Jimmy Moscoso*

B. Received by (Printed Name) **Jimmy Moscoso**

C. Date of Delivery **7-17-13**

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 4250 0082**

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