

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
JAMES MANUEL, a licensed bail bondsman in)
the State of Oklahoma,)
AND)
UNITED STATES FIRE INSURANCE)
COMPANY, an insurance company licensed to act)
as bail surety in the State of Oklahoma,)
Respondents.)

FILED

JUL 29 2013

INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 13-0709-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 James Manuel ("Manuel") is a licensed bail bondsman in the State of Oklahoma holding license number 200341.

3. Respondent United States Fire Insurance Company ("USFIC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 21113.

FINDINGS OF FACT

1. On or about February 27, 2013, an appearance bond was executed as follows:

Defendant:	Sandra Sue Murray
Case Number(s):	232316; 232317
City/County:	Stillwater Municipal
Surety:	United States Fire Insurance Company
Bondsman:	James Manuel
Power Number(s):	U3-20439381
Bond Amount(s):	\$948

2. On March 27, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued on April 4, 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 filing of the Order and Judgment of Forfeiture.

3. Manuel received a copy of the Order and Judgment of Forfeiture on April 8, 2013.

4. USFIC received a copy of the Order and Judgment of Forfeiture on April 11, 2013.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, July 8, 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 been paid or 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 United States Fire Insurance Company and James Manuel are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Stillwater Municipal Court Clerk (or the bond forfeiture set aside and the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of United States Fire 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 United States Fire 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 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. Any fine ordered herein shall be due within 30 days after this Order becomes a Final Order.

WITNESS My Hand and Official Seal this 29th day of July, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Buddy Combs

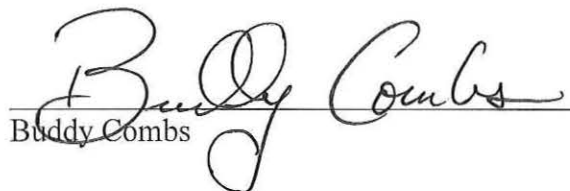
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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 29th day of July, 2013, to:

James Manuel
1209 S. Main St.
Stillwater, OK 74074-5846

United States Fire Insurance Company
Attn: Legal Division
305 Madison Ave.
Morristown, NJ 07962


Buddy Combs

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

7001 0320 0004 4249 8365

OFFICIAL USE

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



Total Post

Sent To: **James Manuel**
 1209 S. Main St.
 Stillwater, OK 74074-5846
 sms/13-0709-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>James Manuel</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>JAMIE MANUEL</i></p> <p>C. Date of Delivery <i>7/31/13</i></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: OKLAHOMA</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>James Manuel 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0709-DIS/Cond Ord</p> </div> <p>AUG 6 2013 Legal Division</p>	<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>7001 0320 0004 4249 8365</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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

9529 6424 4000 0320 1001

OFFICIAL USE

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



Sent To **United States Fire Insurance Co**
Attn: Legal Division
305 Madison Ave.
Morristown, NJ 07962
sms/13-0709-DIS/Cond Ord

Street, Apt or PO Box
 City, State

PS Form 3811, February 2004 Reverse for Instructions

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>United States Fire Insurance Co Attn: Legal Division 305 Madison Ave. Morristown, NJ 07962 sms/13-0709-DIS/Cond Ord</p> </div>	<p>OKLAHOMA INSURANCE DEPARTMENT Legal Division</p> <p>AUG 6 2013</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>7001 0320 0004 4249 8358</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	