

**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**

AUG 29 2013

**INSURANCE COMMISSIONER  
OKLAHOMA**

CASE NO. 13-0815-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 March 26, 2013, an appearance bond was executed as follows:

Defendant:	Bobby Lee Clemmons
Case Number(s):	233483
City/County:	Stillwater Municipal
Surety:	United States Fire Insurance Company
Bondsman:	James Manuel
Power Number(s):	U1-20444451
Bond Amount(s):	\$249

2. On April 17, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued on April 25, 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 29, 2013.

4. USFIC received a copy of the Order and Judgment of Forfeiture on April 30, 2013.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, July 29, 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**.

**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 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 29<sup>th</sup> day of August, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

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 29<sup>th</sup> day of August, 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

A handwritten signature in cursive script, reading "Buddy Combs", written over a horizontal line.

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

7001 0320 0004 4249 9676

OFFICIAL USE

Postage \$			Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage</b>			
<b>James Manuel</b> 1209 S. Main St. Stillwater, OK 74074-5846 sms/13-0815-DIS/Cond. Ord.			
Sent To			
Street, Apt. No. or PO Box No.			
City, State, ZIP			
PS Form 3800, January 2001		See Reverse for Instructions	

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Connie Manuel</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</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:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">James Manuel                      1209 S. Main St.                      Stillwater, OK 74074-5846                      sms/13-0815-DIS/Cond. Ord.</p> </div>	<p>SEP 06 2013 SEP 03 2013</p> <p>Legal Division</p>
<p>2. Article Number                  (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7001 0320 0004 4249 9676</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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

7001 0320 0004 4249 9683

<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	
<b>Sent To</b>	
Street, Apt or PO Box	
City, State	
<b>United States Fire Ins Co</b> <b>Attn: Legal Division</b> <b>305 Madison Ave.</b> <b>Morristown, NJ 07962</b> <b>sms/13-0815-DIS/Cond. Ord.</b>	
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>	

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>United States Fire Ins Co              Attn: Legal Division              305 Madison Ave.              Morristown, NJ-07962              sms/13-0815-DIS/Cond. Ord.</p> </div>	<p>RECEIVED              SEP 09 2013              MORRISTOWN NJ              Legal Division</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</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7001 0320 0004 4249 9683</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	102595-02-M-1549