

Defendant:	Christopher Eaton
Case Number(s):	CF-2012-743
City/County:	Cleveland County
Surety:	Indiana Lumbermens Mutual Ins. Co.
Bondsman:	Tiffany Charles
Power Number(s):	US15-738407
Bond Amount(s):	\$1,000.00

2. On February 13, 2013, the Defendant failed to appear, and the bonds were declared forfeited. An Order and Judgment of Forfeiture was issued by the court on May 5, 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 forfeiture.

3. Tiffany Charles received a copy of the Order and Judgment of Forfeiture on April 13, 2013.

4. Indiana Lumbermens received a copy of the Order and Judgment of Forfeiture on March 11, 2013.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was Monday, July 15, 2013. 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.

6. As of the filing of this Order, the forfeiture remains unpaid.

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.

ORDER

IT IS THEREFORE ORDERED that Tiffany Charles is FINED Two Hundred Fifty Dollars (\$250.00), due and payable to the Oklahoma Insurance Department.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Cleveland County Court Clerk (or the bond forfeiture otherwise 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 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 William G. "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, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 29th day of January, ~~2013~~
2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Buddy Combs

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

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 January, ~~2013~~
2014, to:

Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928

Indiana Lumbermens Mutual Insurance Company
ATTN: Joanne Burnes
8888 Keystone Crossing
Indianapolis, IN 46240

Buddy Combs
William G. "Buddy" Combs

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



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

Total Postage

Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928
sms/13-0824-DIS/Cond Ord

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, January 2011



CERTIFIED MAIL

4867 6224 4000 0220 7002 7001 0320 0004 4249 1984

neopost
01/22/2014
US POSTAGE \$006.77⁰



ZIP 73112
041L12203132

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

FEB 03 2014

Legal Division

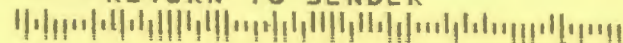


Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928

FORWARDED TO THE ADDRESSEE WITH NO POSTAGE
CHARLES
PO BOX 1456
NORMAN OK 73070-1456

RETURN TO SENDER

73112@4511



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL



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

Total Postage

Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928

sms/13-0824-DIS/Cond Ord

Sent To _____
Street, Apt. No. or PO Box No. _____
City, State, ZIP+4 _____

PS Form 3800, January 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7001 0320 0004 4249 1984

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:

Tiffany Charles
1309 Rebecca Ln.
Norman, OK 73072-5928
sms/13-0824-DIS/Cond Ord

2. Article Number
(Transfer from service label)

7001 0320 0004 4249 1984

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

7001 0320 0004 4249 1977

OFFICIAL USE

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



Sent To: Indiana Lumbermens Mutual Ins Co
 ATTN: Joanne Burnes
 8888 Keystone Crossing
 Indianapolis, IN 46240
sms/13-0824-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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Indiana Lumbermens Mutual Ins Co ATTN: Joanne Burnes 8888 Keystone Crossing Indianapolis, IN 46240 sms/13-0824-DIS/Cond Ord </div> <p>2. Article Number (Transfer from service label) 7001 0320 0004 4249 1977</p>	<p>A. Signature X <i>Joanne Burnes</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joanne Burnes</i></p> <p>C. Date of Delivery FEB 14</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>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>
RECEIVED FEB 03 2014 LEGAL DIVISION	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	