

Case Number(s):	CM-2012-144
City/County:	Oklahoma County
Surety:	Allegheny Casualty Company
Bondsman:	Justin Dowell
Power Number(s):	AS1K-265157
Bond Amount(s):	\$500

2. On May 15, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was filed on June 12, 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. Dowell received a copy of the Order and Judgment of Forfeiture on June 13, 2013.

4. ACC received a copy of the Order and Judgment of Forfeiture on June 17, 2013.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, September 12, 2013.

6. Respondents paid the bond forfeiture on September 17, 2013.

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 Justin Dowell 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 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.

WITNESS My Hand and Official Seal this 31st day of October, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

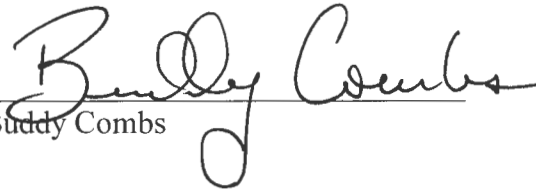

Buddy Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

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 31st day of October, 2013, to:

Justin Dowell
809 ROBERT S KERR AVE
OKLAHOMA CITY, OK 73106-7607

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)

OFFICIAL USE

7001 0320 0004 4249 3797

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



Total Post

Sent To
 Justin Dowell
 809 Robert S. Kerr Ave.
 OKC, OK 73106-7607
 sms/13-0975-DIS/Cond Ord.

PS Form 3800, January 2004 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:

Justin Dowell
 809 Robert S. Kerr Ave.
 OKC, OK 73106-7607
 sms/13-0975-DIS/Cond Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x *Dyndenning* Addressee

B. Received by (Printed Name) C. Date of Delivery
Dyndenning 10-AB

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 3797

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

7001 0320 0004 4249 3780

OFFICIAL USE

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



Total Postage

Sent To: **Allegheny Casualty Company**
Attn: Legal Division
1 Newark Center, FI 20
Newark, NJ 07102
sms/13-0975-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:

OKLAHOMA INSURANCE DEPARTMENT

Allegheny Casualty Company
Attn: Legal Division
1 Newark Center, FI 20
Newark, NJ 07102
sms/13-0975-DIS/Cond Ord.

OCT 22 2013
 Legal D.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* - LEGAL Agent Addressee

B. Received by (Printed Name)
Andrew Conway

C. Date of Delivery

D. 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

2. Article Number (Transfer from service label) **7001 0320 0004 4249 3780**