

**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**  
NOV 19 2013  
INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 13-1186-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 January 14, 2013, an appearance bond was executed as follows:

Defendant:	Aaron Daniel Kimbel
Case Number(s):	CM-2012-965
City/County:	Payne County
Surety:	United States Fire Insurance Company
Bondsman:	James Manuel
Power Number(s):	U10-20434065
Bond Amount(s):	\$10,000

2. On June 10, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued on July 3, 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 filing of the Order and Judgment of Forfeiture.

3. Manuel received a copy of the Order and Judgment of Forfeiture on July 5, 2013.

4. USFIC received a copy of the Order and Judgment of Forfeiture on July 8, 2013.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, October 4, 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 One Thousand Dollars (\$1,000.00)**.

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Payne County 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. Any fine ordered herein shall be due within 30 days after the date this Order becomes a Final Order.**

WITNESS My Hand and Official Seal this 19<sup>th</sup> day of November, 2013.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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

William G. "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 19<sup>th</sup> day of November, 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 "William G. 'Buddy' Combs", is written over a horizontal line.

William G. "Buddy" Combs

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

OFFICIAL USE

7001 0320 0004 4249 2769

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/13-1186-DIS Cond. Ord.

PS Form 3800, July 2003

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>X </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;"> <p>United States Fire Insurance Co                      Attn: Legal Division                      305 Madison Ave.                      Morristown, NJ 07962                      sms/13-1186-DIS Cond. Ord.</p> </div>	<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>2. Article Number                  (Transfer from service label)</p> <p>7001 0320 0004 4249 2769</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>



7001 0320 0004 4249 2776

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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



Sent To  
**James Manuel**  
 1209 S. Main St.  
 Stillwater, OK 74074-5846  
 sms/13-1186-DIS Cond. Ord.

**CERTIFIED MAIL**



7001 0320 0004 4249 2776

PS Form 3800, for Instructions

3625 N.W. 56th St., Ste. #100  
Oklahoma City, OK 73112-4511

neopost<sup>SM</sup> FIRST CLASS MAIL  
11/19/2013  
**US POSTAGE \$006.77<sup>0</sup>**



ZIP 73112  
041L12203132

LN  
11-22



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

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RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

DEC 31 2013

Legal Division

NIXIE 731 DE 1700 0012/28/13  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 73112451125 \*2557-06847-28-47

73112@4511



7001 0320 0004 4249 2776

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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



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

**James Manuel**  
 1209 S. Main St.  
 Stillwater, OK 74074-5846  
 sms/13-1186-DIS Cond. Ord.

**CERTIFIED MAIL**



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ZIP 73112  
 041L12203132

*Handwritten:* LN 11-22



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

*Handwritten:* 52

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DEC 31 2013

Legal Division

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