

Defendant:	Justin J. Scharenbroich
Case Number(s):	CF-2012-699
City/County:	Cleveland County
Surety:	Indiana Lumbersmens Mutual Insurance Company
Bondsman:	Tiffany Charles
Power Number(s):	US25-776536
Bond Amount(s):	\$5,000

2. On May 3, 2013, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was filed in the case on May 9, 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. Charles received a copy of the Order and Judgment of Forfeiture on May 17, 2013.

4. ILMIC received a copy of the Order and Judgment of Forfeiture on May 13, 2013.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, August 16, 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. On January 30, 2014, ILMIC paid the forfeiture.

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 **CENSURED** and **FINED** Five Hundred Dollars (\$500.00) and Indiana Lumbermens Mutual Insurance Company is **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. 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 28th day of February, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "Buddy Combs". The signature is written over a horizontal line.

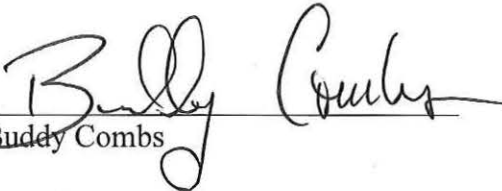
Buddy Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Amended Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 28th day of February, 2014, to:

Tiffany Charles
P.O. Box 1456
Norman, OK 73070-1456

Indiana Lumbermens Mutual Insurance Company
Attn: Legal Division
8888 KEYSTONE CROSSING STE 250
INDIANAPOLIS, IN 46240


Buddy Combs

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

OFFICIAL USE

7001 0320 0004 4248 5402

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+

Tiffany Charles
 P.O. Box 1456
 Norman, OK 73070-1456
 sms/13-1221-DIS/
 2-28 Cond Ord

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:

Tiffany Charles
 P.O. Box 1456
 Norman, OK 73070-1456
 sms/13-1221-DIS/
 2-28 Cond Ord

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Charles King

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

D. Is delivery address different from item 1? Yes No
 YES, enter delivery address below:

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAR 10 2014

Legal Division

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 4248 5402

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

7001 0320 0004 4248 5419

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: Legal Division 8888 Keystone Crossing, Suite 250 Indianapolis, IN 46240 sms/13-1221-DIS/ 2-28 Cond Ord	
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

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 X <i>Gerrilyn Gibson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gibson</i></p> <p>C. Date of Delivery <i>3-3-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> Indiana Lumbermens Mutual Ins Co Attn: Legal Division 8888 Keystone Crossing, Suite 250 Indianapolis, IN 46240 sms/13-1221-DIS/ 2-28 Cond Ord </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 07 2014 Legal Division</p>
<p>2. Article Number (Transfer from service label)</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)</p>	<p><input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4248 5419</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15/0