

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
Petitioner,  
vs.  
BILLY DISMUKE, a licensed bail bondsman  
in the State of Oklahoma,  
AND  
SAFETY NATIONAL CASUALTY  
CORPORATION, an insurance company  
licensed to act as bail surety in the State of  
Oklahoma,  
Respondents.

**FILED**

APR 28 2014

INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 14-0409-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 Billy Dismuke (“Dismuke”) was a licensed bail bondsman in the State of Oklahoma holding license number 144708.

3. Respondent Safety National Casualty Corporation (“SNCC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 15105.

**FINDINGS OF FACT**

1. On or about November 7, 2011, an appearance bond was executed as follows:

Defendant: Dennis Smith, Jr.  
Case Number(s): CF-2011-6729  
City/County: Oklahoma County  
Surety: Safety National Casualty Corporation  
Bondsman: Billy Dismuke  
Power Number(s): S5-2033480  
Bond Amount(s): \$2000

2. On January 9, 2012, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on January 31, 2012. 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. Dismuke's copy of the Order and Judgment of Forfeiture was unclaimed.

4. SNCC received a copy of the Order and Judgment of Forfeiture on February 3, 2012.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, May 3, 2012.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, May 4, 2012.

7. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

8. 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.

#### **CONCLUSIONS OF LAW**

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) 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 Billy Dismuke and Safety National Casualty Corporation are **each CENSURED and FINED Two Hundred Fifty Dollars (\$250.00)**.

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Oklahoma County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Safety National Casualty Corporation’s license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Safety National Casualty Corporation.

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 Dan R. Byrd, Assistant General Counsel, 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, and the fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 28<sup>th</sup> day of April, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

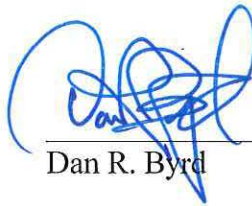
  
\_\_\_\_\_  
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 28<sup>th</sup> day of April, 2014, to:

Billy Dismuke  
2828 NW 57<sup>th</sup> St., Ste. 119  
Oklahoma City, OK 73112-7091

Safety National Casualty Corporation  
1832 Schuetz Road  
St. Louis, MO 63145



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Dan R. Byrd

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

OFFICIAL USE



9594 9424 4000 02E0 T002

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+4

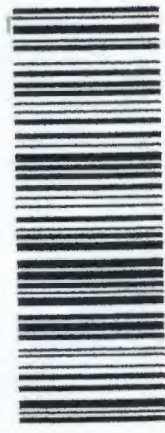
Billy Dismuke  
 2828 NW 57th Street, Suite 119  
 OKC, OK 73112-7091  
 sms/14-0409-DIS/Cond Ord.

PS Form 3800, January 2013 See Reverse for Instructions



**JOHN D. DOAK**  
**Insurance Commissioner**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4511

**CERTIFIED MAIL**



7001 0320 0004 4248 4658

*MD 14-29  
 SW 120041*



Billy Dismuke  
 2828 NW 57th Street, Suite 119  
 OKC, OK 73112-7091

*5-13  
 5-13*

neopost  
 04/28/2014  
**US POSTAGE \$007.19**  
 FIRST-CLASS MAIL  
 ZIP 73112  
 041L12203132



73112 04511

NIXIE 731 DE 1700 0095/14/14

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 73112451125 \*0657-01654-28-40

**U.S. Postal Service**  
**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+4

**Billy Dismuke**  
**2628 NW 57th Street, Suite 119**  
**OKC, OK 73112-7091**  
**sms/14-0409-DIS/Cond Ord.**

PS Form 3800, January 2003 (See reverse for instructions)

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

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse in return the card to you. Return to the back of the mailpiece, if space permits.

Delivered to:  
 OKLAHOMA INSURANCE DEPARTMENT  
 RECEIVED  
 MAY 20 2004  
 Billy Dismuke  
 2628 NW 57th Street, Suite 119  
 OKC, OK 73112-7091 Legal Division  
 sms/14-0409-DIS/Cond Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

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

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  No

2. Article Number (Transfer from service label) **7001 0320 0004 4248 4658**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

4658 4248 0004 0320 7001

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

7001 0320 0004 4248 4641

OFFICIAL USE



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

**Total Post** Safety National Casulaty Corp  
 Sent To 1832 Schuetz Road  
 Street, Apt. or PO Box 1 St. Louis, MO 63145  
 City, State sms/14-0409-DIS/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:  
 RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAY 06 2014  
 Legal Division  
 Safety National Casulaty Corp  
 1832 Schuetz Road  
 St. Louis, MO 63145  
 sms/14-0409-DIS/Cond Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *George Mucko*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 GEORGE MUCKO MAY - 1 2014

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 4248 4641