

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

**STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,** )  
 )  
 ) **Petitioner,** )  
 )  
 ) **vs.** )  
 )  
 ) **RICCARDIO MOFFETT, a licensed bail** )  
 ) **bondsman in the State of Oklahoma,** )  
 ) **AND** )  
 ) **CRUM & FORSTER INDEMNITY** )  
 ) **COMPANY, an insurance company licensed to** )  
 ) **act as bail surety in the State of Oklahoma,** )  
 ) **Respondents.** )

**FILED**  
**JUN 06 2014**

**INSURANCE COMMISSIONER  
OKLAHOMA**

**CASE NO. 14-0516-DIS**

**AMENDED 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 Riccardio Moffett (“Moffett”) is a licensed bail bondsman in the State of Oklahoma holding license number 199986.
3. Respondent Crum & Forster Indemnity Company (“CFIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 31348.

**FINDINGS OF FACT**

1. On or about October 26, 2013, an appearance bond was executed as follows:

Defendant: Ronnie Joe Underhill, Jr.  
Case Number(s): CF-2013-4920  
City/County: Oklahoma County  
Surety: Crum & Forster Indemnity Company  
Bondsman: Riccardio Moffett  
Power Number(s): C5-70103386  
Bond Amount(s): \$2000

2. On January 7, 2014, 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 30, 2014. 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. Moffett received a copy of the Order and Judgment of Forfeiture on February 3, 2014.

4. CFIC received a copy of the Order and Judgment of Forfeiture on February 3, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Sunday, May 4, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, May 5, 2014.

7. The bond forfeiture was paid late on May, 12, 2014.

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.

**ORDER**

**IT IS THEREFORE ORDERED** that Riccardio Moffett and Crum & Forester Indemnity Company 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 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 10<sup>th</sup> day of June, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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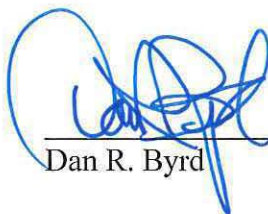
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 6<sup>th</sup> day of June, 2014, to:

Riccardio Moffett  
P.O. Box 94396  
Oklahoma City, OK 73143

Crum & Forster Indemnity Company  
c/o Fairmont Specialty  
ATTN: Dee Evans  
10350 Richmond Ave., Ste. 300  
Houston, TX 77042-4248



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Dan R. Byrd

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

7001 0320 0004 4248 1732

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage:</b>		
Sent To Riccardio Moffett P.O. Box 94396 OKC, OK 73143 sms/14-0516-DIS/ Amd Cond Ord		
Street, Apt. No. or PO Box No. City, State, ZIP		

PS Form 3800, January 2004 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>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                     Riccardio Moffett                      P.O. Box 94396                      OKC, OK 73143                      sms/14-0516-DIS/                      Amd Cond Ord                 </div>	B. Received by (Printed Name) Theresa Mark OK 73120 C. Date of Delivery JUN 11 2014 D. Is delivery address different from item 1? YES <input type="checkbox"/> Yes NO <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7001 0320 0004 4248 1732	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

OFFICIAL USE

7001 0320 0004 4248 1725

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>		
Sent To	Crum & Forster Indemnity Co c/o Fairmont Specialty Attn: Dee Evans 10350 Richmond Ave., Suite 300 Houston, TX 77042 sms/14-0516-DIS/ Amd Cond Ord	
Street, Apt. or PO Box		
City, State		

PS Form 3800, January 2001 Turn Reverse for Instructions

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- 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 mail piece or on the front if space permits.

1. Article Addressed to:

Crum & Forster Indemnity Co  
 c/o Fairmont Specialty  
 Attn: Dee Evans  
 10350 Richmond Ave., Suite 300  
 Houston, TX 77042  
 sms/14-0516-DIS/  
 Amd Cond Ord

Legal Division

**COMPLETE THIS SECTION ON DELIVERY**

RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUN 24 2014

A. Signature  Agent  Addressee  
*R. Valdez*

B. Received by (Printed Name)  Date of Delivery  
 Not a

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 4248 1725