

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

**STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,** )  
**Petitioner,** )  
**vs.** )  
**CAROL HARRIS, a licensed bail bondsman in the State of Oklahoma,** )  
**AND** )  
**ALLEGHENY CASUALTY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma,** )  
**Respondents.** )

**FILED**  
AUG 12 2014  
INSURANCE COMMISSIONER  
OKLAHOMA

**CASE NO. 14-0797-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 Carol Harris ("Harris") is a licensed bail bondsman in the State of Oklahoma holding license number 199677.
3. Respondent Allegheny Casualty Company ("ACC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 13285.

**FINDINGS OF FACT**

1. On or about October 31, 2013, an appearance bond was executed as follows:

Defendant: Lawanda Lee Brannan  
Case Number(s): CM-2013-3493  
City/County: Oklahoma County Court  
Surety: Allegheny Casualty Company  
Bondsman: Carol Harris  
Power Number(s): AS3K-241085  
Bond Amount(s): \$2000

2. On April 3, 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 April 24, 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. Harris received a copy of the Order and Judgment of Forfeiture on April 25, 2014.

4. ACC received a copy of the Order and Judgment of Forfeiture on April 28, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, July 24, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, July 25, 2014.

7. The bond forfeiture was paid late on July 28, 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.

9. The bond was reported.

#### **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 remit payment in the face amount of the bond forfeiture within ninety-one (91)

days from receipt of the Order and Judgment of Forfeiture and failing to report the bond as required by 59 O.S. §§ 1310(A)(24) and 1314(B).

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 Carol Harris and Allegheny Casualty 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 12<sup>th</sup> day of August, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

---

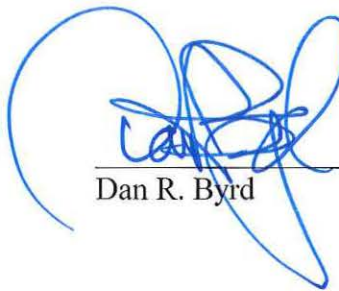
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 2<sup>nd</sup> day of August, 2014, to:

Carol Harris  
2906 SW 57<sup>th</sup> St.  
Oklahoma City, OK 73119-5426

Allegheny Casualty Company  
26560 Agoura Road Ste. 100  
Calabasas, CA 91311



---

Dan R. Byrd

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7014 0150 0001 9588 1640

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



Total Postage

Sent To  
 Carol Harris  
 2906 SW 57th St.  
 OKC, OK 73119-5426  
 sms/14-0797-DIS/Cond Ord

PS Form 3800, August 2006

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:

Carol Harris  
 2906 SW 57th St.  
 OKC, OK 73119-5426  
 sms/14-0797-DIS/Cond Ord

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Carol Harris*

Agent  
 Addressee

B. Received by (Printed Name)

Carol Harris

C. Date of Delivery

AUG 18 2014

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

Yes  
 No

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 AUG 18 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)

7014 0150 0001 9588 1640

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7014 0150 0001 9588 1633

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



Total Postage

Sent To

Street, Apt. # or PO Box #

City, State, Zi

Allegheeny Casualty Company  
 26560 Agoura Rd., Suite 100  
 Calabasas, CA 91311  
~~sms/SUMMONS/SC-13-8014~~  
~~(6-18-13)~~

14-0797-DIS

PS Form 3800, August 2006 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><i>Jeffrey Grindstaff</i></p> <p>C. Date of Delivery <b>AUG 15 2014</b></p>
<p>1. Article Addressed to:</p> <p>Allegheeny Casualty Company                  26560 Agoura Rd., Suite 100                  Calabasas, CA 91311  <del>sms/SUMMONS/SC-13-8014</del>  <del>(6-18-13)</del>                  14-0797-DIS</p>	<p>B. Restricted Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p> <p><b>AUG 19 2014</b></p> <p>Legal Division</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <b>7014 0150 0001 9588 1633</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>