

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

**STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,** )  
 )  
 ) **Petitioner,** )  
 )  
**vs.** )  
 )  
**ADRION BRADFORD, a licensed bail bondsman in the State of Oklahoma,** )  
 )  
**AND** ) **CASE NO. 14-0921-DIS**  
 )  
 )  
**RAYMOND MERRILL, a professional bail bondsman licensed in the State of Oklahoma,** )  
 )  
 ) **Respondents.** )

**FILED**  
OCT 02 2014  
INSURANCE COMMISSIONER  
OKLAHOMA

**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 Adrion Bradford (“Bradford”) is a licensed bail bondsman in the State of Oklahoma holding license number 199744.
3. Respondent Raymond Merrill (“Merrill”) is a licensed professional bail bondsman in the State of Oklahoma holding license number 199369.

## FINDINGS OF FACT

1. On or about January 21, 2014, an appearance bond was executed as follows:

Defendant:	Coynetta Denise Archer
Case Number(s):	CF-2014-6
City/County:	Oklahoma County
Surety:	Raymond Merrill
Bondsman:	Adrion Bradford
Power Number(s):	5-28405
Bond Amount(s):	\$5000

2. On April 30, 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 May 20, 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. Bradford received a copy of the Order and Judgment of Forfeiture on May 21, 2014.

4. Merrill received a copy of the Order and Judgment of Forfeiture on May 22, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, August 19, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, August 20, 2014.

7. The bond forfeiture was paid late due to the first payment which was remitted timely being returned for insufficient funds.

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 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 Adrion Bradford and Raymond Merrill are each CENSURED.

**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 2<sup>nd</sup> day of October, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is somewhat stylized and overlaps the text of the title above it.

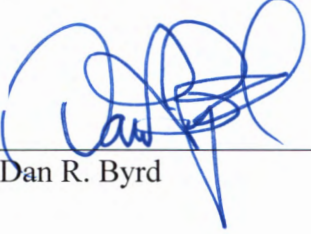
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**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 ~~September~~ October, 2014, to:

Adrion Bradford  
217 N. Harvey Ste 504  
Oklahoma City, OK 73102

Raymond Merrill  
Raymond Merrill Bonding Company  
104 N. Oak  
Sallisaw, OK 74955



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Dan R. Byrd

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



Total Postage & Raymond Merrill  
 Sent To Raymond Merrill Bonding Company  
 104 N. Oak  
 Sallisaw, OK 74955  
 City, State, ZIP+4 sms/14-0921-DIS/Amd 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:

Raymond Merrill  
 Raymond Merrill Bonding Company  
 104 N. Oak  
 Sallisaw, OK 74955  
 sms/14-0921-DIS/Amd Cond Ord

2. Article Number  
 (Transfer from service label)

7014 0150 0001 9588 2357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Debra K. McWati*  
**DEBRA K. McWATI**  Agent  Addressee

B. Received by (Printed Name) *OC* C. Date of Delivery

OKLAHOMA INSURANCE DEPARTMENT RECEIVED  
 RAYMERRILL BONDING COMPANY  
 Legal Division  
 OCT 09 2014  
 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



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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

Adrian Bradford  
 217 N. Harvey, Suite 504  
 OKC, OK 73102  
**sms/14-0921-DIS/Amd Cond Ord**

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 checked="" type="checkbox"/> <i>Nicole Smith</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Nicole Smith</i></p> <p>C. Date of Delivery  <i>10-5-14</i></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: <b>OKLAHOMA INSURANCE</b></p> <p>Adrian Bradford                  217 N. Harvey, Suite 504                  OKC, OK 73102  <b>sms/14-0921-DIS/Amd Cond Ord</b></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) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p><b>7014 0150 0001 9588 2364</b></p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540