

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,
Petitioner,
vs.
DEBORAH ACKERMAN, a licensed bail bondsman in the State of Oklahoma,
AND
ACCREDITED SUREITY AND CASUALTY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma,
Respondents.

CASE NO. 14-1001-DIS

FILED
OCT 10 2014
INSURANCE COMMISSIONER
OKLAHOMA

**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 Deborah Ackerman (“Ackerman”) is a licensed bail bondsman in the State of Oklahoma holding license number 40001406.
3. Respondent Accredited Surety and Casualty Company (“ASCC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 26379.

FINDINGS OF FACT

1. On or about October 27, 2013, an appearance bond was executed as follows:

Defendant: Selbert Len Young
Case Number(s): CF-2009-8
City/County: Woods County Court Clerk
Surety: Accredited Surety and Casualty Company
Bondsman: Deborah Ackerman
Power Number(s): BB-5064403
Bond Amount(s): \$1000

2. On May 21, 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 June 10, 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. Ackerman received a copy of the Order and Judgment of Forfeiture on June 14, 2014.

4. ASCC received a copy of the Order and Judgment of Forfeiture on June 19, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, September 12, 2014.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, September 15, 2014.

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 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.

ORDER

IT IS THEREFORE ORDERED that Deborah Ackerman and Accredited Surety and Casualty Company 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 Woods 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 Accredited Surety and Casualty Company’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 Accredited Surety and Casualty Company.

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 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, and the fines ordered

herein shall be due.

WITNESS My Hand and Official Seal this 10th day of October, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

CERTIFICATE OF MAILING

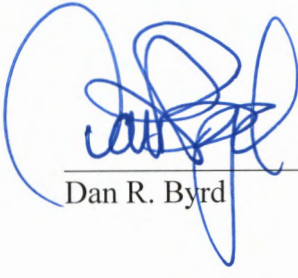
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 10th day of October, 2014, to:

Debbie Ackerman
P.O. Box 283
Alva, OK 73117

Certified Mail No.
7001 0320 0004 4249 4114

Accredited Surety and Casualty Company
P.O. Box 140855
Orlando, FL 32814-0855

Certified Mail No.
7001 0320 0004 4249 4121



Dan R. Byrd

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

7001 0320 0004 4249 4114

OFFICIAL RECEIPT



| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Sent To: Debbie Ackerman
P.O. Box 283
Street, Apt. No., or PO Box No.: Alva, OK 73117
City, State, ZIP+4: rlg/14-1001-DIS/Cond. Adm. Ord.

PS Form 3800, January 2001

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
OCT 15 2014
Legal Division

Debbie Ackerman
P.O. Box 283
Alva, OK 73117
rlg/14-1001-DIS/Cond. Adm. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X D Ackerman Agent Addressee

B. Received by (Printed Name): D Ackerman C. Date of Delivery: 10-11-14

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 4249 4114**

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

7001 0320 0004 4249 4121

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark Here: **OCT 10 2014**

Sent To: Accredited Surety and Casualty Company
 P.O. Box 140855
 Orlando, FL 32814-0855
 rlg/14-1001-DIS/Cond. Adm. Ord.

Street, Apt. No.; or PO Box No.
 City, State, ZIP+4

PS Form 3800, January 2001

| 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Susan Ramsey</i></p> <p>B. Received by (Printed Name) <i>Susan Ramsey</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT OCT 22 2014</p> | |
| <p>1. Article Addressed to:</p> <p>Accredited Surety and Casualty Company P.O. Box 140855 Orlando, FL 32814-0855 rlg/14-1001-DIS/Cond. Adm. Ord.</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)</p> <p>7001 0320 0004 4249 4121</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |