



Defendant: Dustin Allen Stacy  
Case Number(s): CF-2014-3623  
City/County: Oklahoma County Court Clerk  
Insurer: American Contractors Indemnity Company  
Bondsman: Steve Snyder  
Power Number(s): A5-2225475  
Bond Amount(s): \$4000

2. On July 18, 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 July 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. Snyder's copy of the Order and Judgment of Forfeiture was received on August 1, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on August 4, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, October 30, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, October 31, 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.

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 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 Steve Snyder and American Contractors Indemnity 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 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 American Contractors Indemnity 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 American Contractors Indemnity 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 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 24<sup>th</sup> day of November, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", is written over a horizontal line.

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**

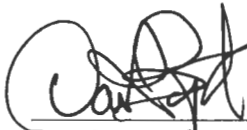
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 24~~th~~ day of November, 2014, to:

Steve Snyder  
809 N. Classen Blvd.  
Oklahoma City, OK 73106

Certified Mail No.  
7014 0150 0001 9588 9448

American Contractors Indemnity Company  
601 South Figueroa Street, Suite 1600  
Los Angeles, CA 90017-5721

Certified Mail No.  
7014 0150 0001 9588 9455

  
\_\_\_\_\_  
Dan R. Byrd

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7014 0150 0001 9588 9448

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>



Sent To  
 \_\_\_\_\_  
 Street, Apt. No.,  
 or PO Box No.  
 \_\_\_\_\_  
 City, State, ZIP+4  
 \_\_\_\_\_

Steve Snyder  
 809 N. Classen Blvd.  
 Oklahoma City, OK 73106  
 rlg/14-1131-DIS/Cond. Adm. Ord.

PS Form 3800, August 2006

**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:

OKLAHOMA INSURANCE DEPARTMENT  
 DEC 02 2014  
 Legal Division

Steve Snyder  
 809 N. Classen Blvd.  
 Oklahoma City, OK 73106  
 rlg/14-1131-DIS/Cond. Adm. Ord.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*Angelalocan* 11-26-14

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) **7014 0150 0001 9588 9448**

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

Sent To: American Contractors Indemnity Company  
601 S. Figueroa St., Suite 1600  
Los Angeles, CA 90017-5721  
rlg/14-1131-DIS/Cond. Adm. Ord.

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

PS Form 3800, August 2006



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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ANANTA</i></p> <p>C. Date of Delivery <i>11-28-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to: OKLAHOMA DEPARTMENT</p> <p>DEC 02 2014</p> <p>American Contractors Indemnity Company 601 S. Figueroa St., Suite 1600 Los Angeles, CA 90017-5721 rlg/14-1131-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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 0150 0001 9588 9455</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540