

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

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
STEVE SNYDER, a licensed bail bondsman in)
the State of Oklahoma,)
AND)
AMERICAN CONTRACTORS INDEMNITY)
COMPANY, an insurance company licensed to)
act as bail surety in the State of Oklahoma,)
Respondents.)

FILED

DEC 01 2014

INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 14-1136-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 Steve Snyder (“Snyder”) is a licensed bail bondsman in the State of Oklahoma holding license number 199984.
3. Respondent American Contractors Indemnity Company (“ACIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10216.

FINDINGS OF FACT

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

Defendant: Tiffany Denise McGuire
Case Number(s): CF-2013-7938
City/County: Oklahoma County Court Clerk
Insurer: American Contractors Indemnity Company
Bondsman: Steve Snyder
Power Number(s): A2-2102582
Bond Amount(s): \$2000

2. On July 29, 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 August 8, 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 9, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on August 11, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, November 7, 2014.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Saturday, November 8, 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 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 1st day of ^{December}~~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 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

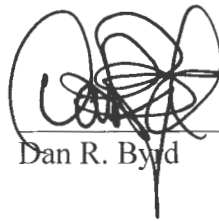
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 1st day of ~~November~~, 2014, to:
December

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

Certified Mail No.
7014 0150 0001 9588 9554

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

Certified Mail No.
7014 0150 0001 9588 9561



Dan R. Byrd

7014 0150 0001 9588 9554

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Total Postage & Fees	\$



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 or PO Box No.
 City, State, ZIP+4

Steve Snyder
 809 N. Classen Blvd.
 Oklahoma City, OK 73106
 rlg/14-1136-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:

Steve Snyder
 809 N. Classen Blvd.
 Oklahoma City, OK 73106
 rlg/14-1136-DIS/Cond. Adm. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Angela Logan 12-2-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

OKLAHOMA INSURANCE DEPARTMENT
 DEC 04 2014

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 9554

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



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

American Contractors Indemnity Company
 601 S. Figueroa St., Suite 1600
 Los Angeles, CA 90017-5721
 rlg/14-1136-DIS/Cond. Adm. Ord.

PS Form 3800, August 2006

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MAH...</i></p> <p>C. Date of Delivery <i>12-04-14</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:</p> <p>OKLAHOMA INSURANCE DEPARTMENT Legal Division</p> <p>DEC 09 2014</p> <p>American Contractors Indemnity Company 601 S. Figueroa St., Suite 1600 Los Angeles, CA 90017-5721 rlg/14-1136-DIS/Cond. Adm. Ord.</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p> <p>7014 0150 0001 9588 9561</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>