BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

FILED
JAN 12 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, **Petitioner,**	)	
vs.	)	
STEVEN SNYDER, a licensed bail bondsman in the State of Oklahoma,	)	
AND	)	**CASE NO. 15-0006-DIS**
AMERICAN CONTRACTORS INDEMNITY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma, **Respondents.**	)	

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 Steven 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 12, 2014, an appearance bond was executed as follows:

Defendant:	Natalie Rae Smith
Case Number(s):	CF-2014-3899
City/County:	Oklahoma County Court Clerk
Insurer:	American Contractors Indemnity Company
Bondsman:	Steven Snyder
Power Number(s):	A7-2281010
Bond Amount(s):	$6000

2. On September 4, 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 September 15, 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 September 16, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on September 18, 2014.

5. The ninetieth (90^{th}) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, December 15, 2014.

6. The ninety-first (91^{st}) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, December 16, 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 Steven 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 12th day of January, 2015.

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 12th day of January, 2015, to:

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

CERTIFIED MAIL NO:
7014 2870 0000 5493 2835

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

CERTIFIED MAIL NO:
7014 2870 0000 5493 2842

Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

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

Postmark Here

7014 2870 0000 5493 2835

Sent To Steven Snyder
Street & Apt. No., or PO Box No. 809 N. Classen Blvd.
City, State, ZIP+4 Oklahoma City, OK 73106
15-0006-DIS/DRB(mt)
(Cond.Adm.Ord. ~1-12-15)

PS Form 3800, July 2014 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:

Steven Snyder
809 N. Classen Blvd.
Oklahoma City, OK 73106
15-0006-DIS/DRB(mt)
(Cond.Adm.Ord. ~1-12-15)

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
JAN 16 2015
Legal Div.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* S Snyder C. Date of Delivery 1/13/15

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

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2870 0000 5493 2835

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

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

JAN 12 2015
Postmark Here

7014 2870 0000 5493 2842

Sent To American Contractors Indemnity Company
Street & Apt. No., or PO Box No. 601 South Figueroa Street, Suite 1600
City, State, ZIP+4 Los Angeles, CA 90014-5721
15-0006-DIS/DRB(mt)
(Cond.Adm.Ord. ~1-12-15)

PS Form 3800, July 2014 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to: OKLAHOMA INSURANCE DEPARTMENT

RECEIVED
JAN 21 2015
Legal

American Contractors Indemnity Company
601 South Figueroa Street, Suite 1600
Los Angeles, CA 90014-5721
15-0006-DIS/DRB(mt)
(Cond.Adm.Ord. ~1-12-15)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 1/16/15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2870 0000 5493 2842

PS Form 3811, July 2013 — Domestic Return Receipt