

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

**FILED**  
JAN 20 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D.  
DOAK, Insurance Commissioner,  
Petitioner,**

**vs.**

**SAMANTHA SHEPHERD, 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.**

**CASE NO. 15-0025-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 Samantha Shepherd ("Shepherd") is a licensed bail bondsman in the State of Oklahoma holding license number 199750.

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 17, 2014, an appearance bond was executed as follows:

Defendant:	Kyle Matthew Stevens
Case Number(s):	CM-2013-930
City/County:	Payne County Court Clerk
Insurer:	American Contractors Indemnity Company
Bondsman:	Samantha Shepherd
Power Number(s):	A2-2102630
Bond Amount(s):	\$2000

2. On August 15, 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 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. Shepherd's copy of the Order and Judgment of Forfeiture was received on August 16, 2014.

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

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, November 14, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, November 17, 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 Samantha Shepherd 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 Payne 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 20<sup>th</sup> day of January, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
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**

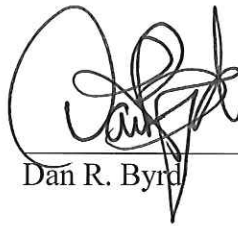
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 20<sup>th</sup> day of January, 2015, to:

Samantha Shepherd  
2018 W. 9<sup>th</sup> Ave.  
Stillwater, OK 74074-5103

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3092**

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

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3108**

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

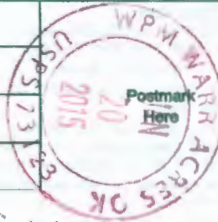


**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 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

American Contractors Indemnity  
 Company  
 601 South Figueroa Street, Suite 1600  
 Los Angeles, CA 90017-5721  
**15-0025-DIS/DRB(mt)**  
 (Cond. Adm. Ord. ~ 1-20-15)

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:

American Contractors Indemnity  
 Company  
 601 South Figueroa Street, Suite 1600  
 Los Angeles, CA 90017-5721  
**15-0025-DIS/DRB(mt)**  
 (Cond. Adm. Ord. ~ 1-20-15)

2. Article Number  
 (Transfer from service label)

7014 2870 0000 5493 3108

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 1-26-15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2870 0000 5493 3092

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

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

Total Postage & Fees

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

Samantha Shepherd  
2018 W. 9TH Ave.  
Stillwater, OK 74074-5103  
**15-0025-DIS/DRB(mt)**  
**(Cond. Adm. Ord. ~ 1-20-15)**



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:

Samantha Shepherd  
2018 W. 9TH Ave.  
Stillwater, OK 74074-5103  
**15-0025-DIS/DRB(mt)**  
**(Cond. Adm. Ord. ~ 1-20-15)**

RECEIVED OKLAHOMA INSURANCE DEPARTMENT

FEB 26 2015

Legal Division

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 3092

PS Form 3811, July 2013

Domestic Return Receipt