

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
FEB 04 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  
AMERICAN CONTRACTORS INDEMNITY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma,  
Respondents.

CASE NO. 15-0118-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 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 31, 2014, an appearance bond was executed as follows:

Defendant: Tiffany Robin Valenzuela  
Case Number(s): CF-2014-4558  
City/County: Oklahoma County Court Clerk  
Insurer: American Contractors Indemnity Company  
Bondsman: Steven Snyder  
Power Number(s): AUL-2094814  
Bond Amount(s): \$46,000

2. On October 6, 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 October 9, 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 October 10, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on October 14, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, January 8, 2015.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, January 9, 2015.

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** Seven Hundred Fifty Dollars (\$750.00).

**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 4<sup>th</sup> day of February, 2015.



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**

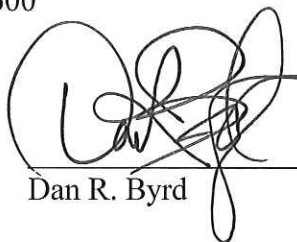
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 4<sup>th</sup> day of February, 2015, to:

Steven Snyder  
809 N. Classen Blvd.  
Oklahoma City, OK 73106-7223

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3764**

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

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3771**



A handwritten signature in black ink, appearing to read 'Dan R. Byrd', is written over a horizontal line. The signature is stylized and somewhat illegible.

Dan R. Byrd

**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 INC  
Steven Snyder  
809 N. Classen Blvd.  
Oklahoma City, OK 73106-7723  
15-0118-DIS/DRB(mt)  
(Cond.Adm.Ord. ~2-4-15)  
Legal Division

OKLAHOMA INC

FEB 10 2015

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*B. Harris*

C. Date of Delivery

*2/6/15*

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

PARTEMENT

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 3764

PS Form 3811, July 2013

Domestic Return Receipt

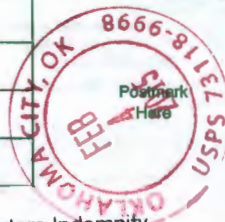
**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

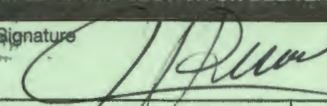
7014 2870 0000 5493 3771

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee   |    |  |
| Return Receipt Fee<br>(Endorsement Required)  |    |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |    |  |
| <b>Total Postage &amp; Fees</b>   |    |  |
| American Contractors Indemnity Company<br>601 South Figueroa Street, Suite 1600<br>Los Angeles, CA 90017-5721<br>15-0118-DIS/DRB(mt)<br>(Cond. Adm. Ord. ~2-4-15) |    |  |
| Sent To   |    |  |
| Street & Apt. No.,<br>or PO Box No.   |    |  |
| City, State, ZIP+4  |    |  |



PS Form 3800, July 2014

See Reverse for Instructions

| 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<br/>X  <input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery<br/>2-10-15</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">OKLAHOMA INSURANCE DEPARTMENT</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>American Contractors Indemnity Company<br/>601 South Figueroa Street, Suite 1600<br/>Los Angeles, CA 90017-5721<br/>15-0118-DIS/DRB(mt)<br/>(Cond. Adm. Ord. ~2-4-15)</p> </div> <p style="text-align: center;">FEB 18 2015</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                       |
| <p>2. Article Number<br/>(Transfer from service label)</p>  | <p>7014 2870 0000 5493 3771</p>  |
| PS Form 3811, July 2013   | Domestic Return Receipt  |