

Defendant: Cara Berdina LeClair
Case Number(s): FR-2012-4 PC
City/County: Kay County Court Clerk
Insurer: United States Fire Insurance Company
Bondsman: Francisco Villarruel III
Power Number(s): U3-20477416
Bond Amount(s): \$1500

2. On September 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 September 23, 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. Villarruel's copy of the Order and Judgment of Forfeiture was received on September 24, 2014.

4. USFIC's receipt of a copy of the Order and Judgment of Forfeiture is unknown.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, December 23, 2014.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, December 26, 2014.

7. The bond forfeiture was paid late on January 21, 2015.

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 Francisco Villarruel III and United States Fire Insurance Company are each CENSURED and **FINED** Two Hundred Fifty Dollars (\$250.00).

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 10th day of February, 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 18th day of February, 2015, to:

Francisco Villarruel III
3006 N. 14th
Ponca City, OK 74601

**CERTIFIED MAIL NO:
7014 2870 0000 5493 4310**

United States Fire Insurance Company
Attn: Dee Evans
10350 Richmond Ave, Ste. 300
Houston, TX 77042-4248

**CERTIFIED MAIL NO:
7014 2870 0000 5493 4327**



Dan R. Byrd

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

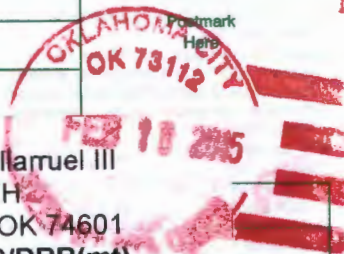
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7014 2870 0000 5493 4310

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Francisco Villamuel III
Street & Apt. No. or PO Box No.	3006 N. 14TH
City, State, ZIP+4	Ponca City, OK 74601 15-0165-DIS/DRB(mt) (Cond.Adm.Ord. ~2-18-15)

PS Form 3800, July 2014 See Reverse for Instructions



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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly) <i>Helsie Adkins</i></td> <td>B. Date of Delivery <i>2-20-15</i></td> </tr> <tr> <td colspan="2">C. Signature <i>X Helsie Adkins</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>Helsie Adkins</i>	B. Date of Delivery <i>2-20-15</i>	C. Signature <i>X Helsie Adkins</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Francisco Villamuel III 3006 N. 14TH Ponca City, OK 74601 15-0165-DIS/DRB(mt) (Cond.Adm.Ord. ~2-18-15) </div>	DEPARTMENT FEB 24 2015 Legal Division								
2. Article Number (Transfer from service label)	3. Service Type <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.								
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes								
7014 2870 0000 5493 4310									
PS Form 3811, March 2001	Domestic Return Receipt								

102595-01-M-1424

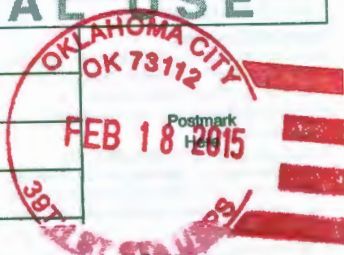
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OFFICIAL USE

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



United States Fire Insurance Company
 Attn: Dee Evans
 10350 Richmond Ave., Ste. 300
 Houston, TX 77042-4248
15-0165-DIS/DRB(mt)
(Cond.Adm.Ord. -2-18-15)

PS Form 3800, July 2014 See Reverse for Instructions

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 Houston, TX 77042-4248
15-0165-DIS/DRB(mt)
(Cond.Adm.Ord. -2-18-15)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Debra Samuel* B. Date of Delivery *2-23*
 C. Signature *Debra Samuel* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 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 2870 0000 5493 4327**