

FINDINGS OF FACT

1. On or about March 12, 2014, an appearance bond was executed as follows:

Defendant:	Magle Lou Oliver
Case Number(s):	CM-2009-2489
City/County:	Tulsa County Court Clerk
Insurer:	Raymond Merrill
Bondsman:	Ryanne Hamilton
Power Number(s):	5-35662
Bond Amount(s):	\$100

2. On November 13, 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 November 19, 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. Hamilton received a copy of the Order and Judgment of Forfeiture on November 21, 2014.

4. Merrill received a copy of the Order and Judgment of Forfeiture on November 21, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, February 19, 2015.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, February 20, 2015.

7. The bond forfeiture paid late on Tuesday, March 3, 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 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 Ryanne Hamilton and Raymond Merrill 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 13th day of March, 2015.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



A handwritten signature in black ink, appearing to read "Dan R. Byrd", 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

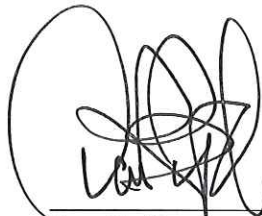
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 13th day of March, 2015, to:

Ryanne Hamilton
44 E. 16th South
Tulsa, OK 74119-4432

**CERTIFIED MAIL NO:
7014 2870 0000 5492 7985**

Raymond Merrill
104 N. Oak St.
Sallisaw, OK 74955-4638

**CERTIFIED MAIL NO:
7014 2870 0000 5492 7992**



Dan R. Byrd

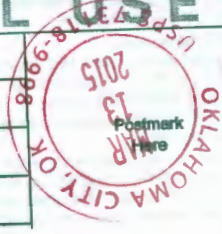
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OFFICIAL USE

7014 2870 0000 5492 7992

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & F		
Sent To	Raymond Merrill	
Street & Apt. No., or PO Box No.	104 N. Oak St.	
City, State, ZIP+4	Sallisaw, OK 74955-4638	
	15-0262-DIS/DRB(mt)	
	(Cond. Adm. Ord. ~3-13-15)	



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. 	<p>A. Signature <i>Debra K. McWaters</i> DEBRA K. McWATERS <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MERRILL BONDING COMPANY</i> C. Date of Delivery <i>MAR 19 2015</i></p> <p><input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">RECEIVED OKLAHOMA INSURANCE DEPARTMENT Legal Division MAR 19 2015</p> <p>Raymond Merrill 104 N. Oak St. Sallisaw, OK 74955-4638 15-0262-DIS/DRB(mt) (Cond. Adm. Ord. ~3-13-15)</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>2. Article Number (Transfer from service label)</p> <p>7014 2870 0000 5492 7992</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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OFFICIAL USE

7014 2870 0000 5492 7985

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



Total Postage & **Ryanne Hamilton**
 Sent To **44 E. 16TH South**
 Street & Apt. No., **Tulsa, OK 74119-4432**
 or PO Box No. **15-0262-DIS/DRB(mt)**
 City, State, ZIP+4 **(Cond.Adm.Ord. ~3-13-15)**

PS Form 3800, July 2014 See Reverse for Instructions

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<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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3/16/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>Ryanne Hamilton 44 E. 16TH South Tulsa, OK 74119-4432 15-0262-DIS/DRB(mt) (Cond.Adm.Ord. ~3-13-15)</p> </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 20 2015 Legal Division</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>7014 2870 0000 5492 7985</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013. Domestic Return Receipt</p>	