

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

**FILED**  
APR 08 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,**  
**Petitioner,**  
  
**vs.**  
  
**JUSTIN DOWELL, a licensed bail bondsman in the State of Oklahoma,**  
  
**AND**  
  
**ALLEGHENY CASUALTY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma,**  
**Respondents.**

**CASE NO. 15-0342-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 Justin Dowell (“Dowell”) is a licensed bail bondsman in the State of Oklahoma holding license number 199997.
3. Respondent Allegheny Casualty Company (“ACC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 13285.

**FINDINGS OF FACT**

1. On or about June 27, 2013, an appearance bond was executed as follows:

Defendant: Ismael Adrain Ramirez  
Case Number(s): CF-2013-3907  
City/County: Oklahoma County Court  
Surety: Allegheny Casualty Company  
Bondsman: Justin Dowell  
Power Number(s): AS30K-70783  
Bond Amount(s): \$25,000

2. On November 14, 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 26, 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. Dowell received a copy of the Order and Judgment of Forfeiture on December 5, 2014.

4. ACC received a copy of the Order and Judgment of Forfeiture on December 1, 2014.

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

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

7. The bond forfeiture was paid late on March 10, 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 remit payment in the face amount of the bond forfeiture within ninety-one (91)

days from receipt of the Order and Judgment of Forfeiture and failing to report the bond as required by 59 O.S. §§ 1310(A)(24) and 1314(B).

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.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.

### **ORDER**

**IT IS THEREFORE ORDERED** that Justin Dowell and Allegheny Casualty 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 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 08 day of April, 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**

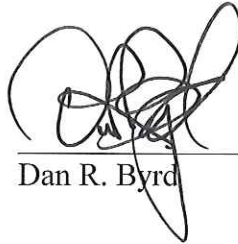
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 8th day of April, 2015, to:

Justin Dowell  
809 Robert S. Kerr Ave.  
Oklahoma City, OK 73106-7607

**CERTIFIED MAIL NO:  
7014 2870 0000 5492 9743**

Allegheny Casualty Company  
26560 Agoura Road Ste. 100  
Calabasas, CA 91311

**CERTIFIED MAIL NO:  
7014 2870 0000 5492 9750**



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Dan R. Byrd

7014 2870 0000 5492 9743

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Total Postage & F Justin Dowell  
 Sent To 809 Robert S. Kerr Ave.  
 Street & Apt. No., Oklahoma City, OK 73106-7607  
 or PO Box No. 15-0342-DIS/DRB(mt)  
 City, State, ZIP+4 (Cond.Adm.Ord~ 4-08-15)

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:

Justin Dowell  
 809 Robert S. Kerr Ave.  
 Oklahoma City, OK 73106-7607  
 15-0342-DIS/DRB(mt)  
 (Cond.Adm.Ord~ 4-08-15)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X *Justin Dowell*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Justin Dowell

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

RECEIVED OKLAHOMA INSURANCE Legal Division APR 17 2015

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 5492 9743

PS Form 3811, July 2013

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; F</b>		
Sent To	Allegheny Casualty Company	
Street & Apt. No., or PO Box No.	26560 Agoura Road, Ste. 100	
City, State, ZIP+4	Calabasas, CA 91311	
	<b>15-0342-DIS/DRB(mt)</b>	
	<b>(Cond.Adm.Ord~ 4-08-15)</b>	



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  <i>x Abel Moroyoqui</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>ABEL MOROYOQUI</b> C. Date of Delivery <b>APR 20 2015</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>OKLAHOMA INSURANCE DEPARTMENT</p> <p>APR 20 2015</p> <p>Allegheny Casualty Company                  26560 Agoura Road, Ste. 100                  Calabasas, CA 91311  <b>15-0342-DIS/DRB(mt)</b>  <b>(Cond.Adm.Ord~ 4-08-15)</b></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 9750</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 2013		Domestic Return Receipt	