

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

FILED
APR 30 2015
INSURANCE COMMISSIONER
OKLAHOMA

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

vs.

JB PATTERSON, a licensed bail bondsman in the
State of Oklahoma,

AND

CRUM & FORSTER INDEMNITY COMPANY,
an insurance company licensed to act as bail
surety in the State of Oklahoma,
Respondents.

CASE NO. 15-0437-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 JB Patterson ("Patterson") is a licensed bail bondsman in the State of Oklahoma holding license number 200038.

3. Respondent Crum & Forster Indemnity Company ("CFIC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 31348.

FINDINGS OF FACT

1. On or about October 15, 2014, an appearance bond was executed as follows:

| | |
|------------------|----------------------------------|
| Defendant: | Damion Lamons Zachery |
| Case Number(s): | CM-2013-3065 |
| City/County: | Tulsa County Court Clerk |
| Surety: | Crum & Forster Indemnity Company |
| Bondsman: | JB Patterson |
| Power Number(s): | C5-70152396 |
| Bond Amount(s): | \$1500 |

2. On December 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 December 30, 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. Patterson received a copy of the Order and Judgment of Forfeiture on January 5, 2015.

4. CFIC received a copy of the Order and Judgment of Forfeiture on January 5, 2015.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, April 6, 2015.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, April 7, 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.

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 JB Patterson and Crum & Forester 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 Tulsa 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 Crum & Forster 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 Crum & Forster 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 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 30th day of April, 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

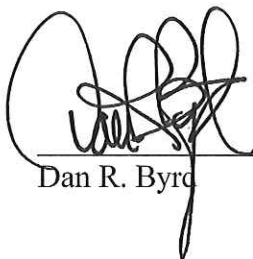
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 30th day of April, 2015, to:

JB Patterson
4319 N. Kenosha
Tulsa, OK 74106

**CERTIFIED MAIL NO:
7014 2870 0000 5493 0466**

Crum & Forster Indemnity Company
c/o Fairmont Specialty
Attn: Dee Evans
10350 Richmond Ave., Suite 300
Houston, TX 77042

**CERTIFIED MAIL NO:
7014 2870 0000 5493 0473**



Dan R. Byrd

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

Total Postage & F

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

JB Patterson
4319 N. Kenosha
Tulsa, OK 74106
15-0437-DIS/DRB(mt)
(Cond.Adm.Ord ~4-30-15)



PS Form 3800, July 2014

See Reverse for Instructions

7014 2870 0000 5493 0466

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:

JB Patterson
4319 N. Kenosha
Tulsa, OK 74106
15-0437-DIS/DRB(mt)
(Cond.Adm.Ord ~4-30-15)

2. Article Number
(Transfer from service label)

7014 2870 0000 5493 0466

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X JB Patterson ☐ Addressee

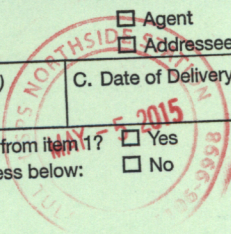
B. Received by (Printed Name) C. Date of Delivery
JB Patterson **MAY 5 2015**

D. Is 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

MAY 08 2015



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



Total Postage &

Crum & Foster Indemnity Company
 c/o Fairmont Specialty
 Attn: Dee Evans
 10350 Richmond Ave., Suite 300
 Houston, TX 77042
 15-0437-DIS/DRB(mt)
 (Cond.Adm.Ord ~4-30-15)

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

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.
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Crum & Foster Indemnity Company
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 Attn: Dee Evans
 10350 Richmond Ave., Suite 300
 Houston, TX 77042
 15-0437-DIS/DRB(mt)
 (Cond.Adm.Ord ~4-30-15)

2. Article Number
 (Transfer from service label)

7014 2870 0000 5493 0473

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Debra Samuel* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Debra Samuel* C. Date of Delivery *5/21*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, 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