

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF 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, a licensed surety in the State of)
Oklahoma,)
)
Respondents.)

FILED

MAY 13 2015

INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 15-0530-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 a licensed surety in the State of Oklahoma holding certificate of authority number 0335.

ALLEGATIONS OF FACT

1. On or about June 29, 2014, an appearance bond was executed as follows:

Defendant:	Timothy Richard Hazel
Case Number(s):	CF-2014-4229
City/County:	Oklahoma County
Surety:	American Contractors Indemnity Company
Bondsman:	Steven Snyder
Power Number(s):	A5-2225624
Bond Amount(s):	\$4,000.00

2. On September 29, 2014, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on the same day by the Oklahoma County District Court. 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 received a copy of the Order and Judgment of Forfeiture on October 7, 2014.
4. ACIC received a copy of the Order and Judgment of Forfeiture on October 9, 2014.
5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was January 6, 2015.
6. The forfeiture was untimely paid on April 14, 2015.

ALLEGED VIOLATIONS 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 forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman 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 per violation.

ORDER

IT IS THEREFORE ORDERED that Snyder and ACIC are each **FINED Two Thousand Five Hundred Dollars (\$2,500.00)**. The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 18th day of May, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2749
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 18th day of May 2015, to:

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

Certified Mail No.
7014 2870 0000 1931 9015


American Contractors Indemnity Company
601 S. Figueroa St., Suite 1600
Los Angeles, CA 99017-5721

Certified Mail No.
7014 2870 0000 1931 9022

CERTIFIED MAIL NO.

and a copy was delivered to:

Anna Denman
Bail Bonds Division


Barron B. Brown

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 1931 9015

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



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

Steven Snyder
 809 N. Classen Blvd.
 Oklahoma City, OK 73106-7223
 rlg/15-0530-DIS/Cond. Adm. Ord.

PS Form 3800, July 2014

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Rhonda Oyer</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rhonda Oyer</i> C. Date of Delivery <i>5/19/15</i></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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Steven Snyder 809 N. Classen Blvd. Oklahoma City, OK 73106-7223 rlg/15-0530-DIS/Cond. Adm. Ord. </div>	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAY 21 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2870 0000 1931 9015</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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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 & Fees	\$



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

American Contractors Indemnity Company
 601 S. Figueroa St., Suite 1600
 Los Angeles, CA 90017-5721
 rlg/15-0530-DIS/Cond. Adm. Ord.

PS Form 3800, July 2014

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- 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.

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 American Contractors Indemnity Company
 601 S. Figueroa St., Suite 1600
 Los Angeles, CA 90017-5721
 rlg/15-0530-DIS/Cond. Adm. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 5-21-15

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

2. Article Number (Transfer from service label) 7014 2870 0000 1931 9022

PS Form 3811, July 2013 Domestic Return Receipt

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 MAY 20 2015
 Legal Division