

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

**FILED**  
AUG 24 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
  Petitioner, )  
vs. )  
SAMANTHA SHEPHERD, a licensed bail )  
bondsman in the State of Oklahoma, )  
  Respondent. )

Case No. 15-0633-DIS

**ADMINISTRATIVE ORDER**

This matter is a disciplinary proceeding under the Oklahoma Bail Bond Act. The Oklahoma Insurance Department (the "Department") issued a Notice of Hearing and Order to Show Cause on July 10, 2015, alleging that Respondent Samantha Shepherd ("Shepherd" or "Respondent") violated numerous provisions of the Bail Bond Act. The Notice of Hearing and Order to Show Cause was mailed via certified mail to Respondent's address of record with the Department and was signed for by the Respondent.

The hearing was set before the undersigned Hearing Examiner for August 11, 2015.

Petitioner appeared through Counsel Dan R. Byrd on August 11, 2015. Respondent failed to appear. Petitioner offered testimony to support the allegations of fact and alleged violations of law contained in the Notice of Hearing and Order to Show Cause.

**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 is a licensed bail bondsman in the State of Oklahoma holding license number 199750.

3. The Insurance Commissioner may deny, censure, suspend, revoke, or refuse to renew any license issued pursuant to the Oklahoma Bail Bond Act and/or may levy a fine of not less than \$250.00 but not more than \$2,500.00 for each occurrence of a violation of the Oklahoma Bail Bond Act. 59 O.S. § 1310(A) and (B).

#### **FINDINGS OF FACT**

1. Respondent failed to file her April 2015 American Contractors Indemnity Company (“ACIC”) Surety Report with the Oklahoma Insurance Department (“Department”), which was due Friday, May, 2015.

2. Respondent was appointed with ACIC on June 23, 2014 and has an outstanding liability with ACIC of \$170,020.00.

3. On May 19, 2015 and May 29, 2015, Department staff sent emails to Respondent regarding the failure to file the report.

4. On May 20, 2015 and May 27, 2015, Department staff left messages for Respondent to file her report.

5. As of today’s date, Respondent has not filed the report with the Department.

6. Respondent has previous administrations actions by the Department for failure to file reports and exonerate bonds.

#### **CONCLUSIONS OF LAW**

1. Respondent has violated 59 O.S. § 1310(A)(24) and O.A.C. 365: 25-5-36 for failing to file a report as required by Section 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Respondent has violated 59 O.S. § 1314(D) for failing to pay reviewal fees.

**ORDER**

**Petitioner’s testimony offered at hearing support the Statement of Facts and Alleged Violations of Law in the Notice of Hearing.**

**IT IS THEREFORE ORDERED** that Samantha Shepherd is **FINED** Two Hundred Fifty Dollars (\$250.00), due and payable to the Oklahoma Insurance Department within thirty (30) days after the date of hearing.

**IT IS FURTHER ORDERED** that Samantha Shepherd is assessed the costs of the hearing in the amount of One Hundred Twenty-Five Dollars (\$125.00), due and payable to the Oklahoma Insurance Department within thirty (30) days after the date of hearing.

**IT IS FURTHER ORDERED** that should said fine and assessed costs of hearing not be paid by Samantha Shepherd within the allotted time that her bail bond license shall be immediately suspended until such payment of the fine and assessed costs of hearing are made to the Oklahoma Insurance Department.

WITNESS My Hand and Official Seal this 14<sup>th</sup> day of August, 2015.



*Stephan S. Mathis*  
STEPHAN S. MATHIS  
INDEPENDENT HEARING EXAMINER  
OKLAHOMA INSURANCE DEPARTMENT

**CERTIFICATE OF MAILING**

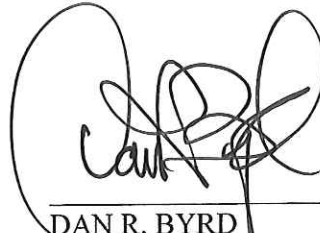
I, Dan R. Byrd, hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed via certified mail with return receipt requested, and via regular mail, on this 24<sup>th</sup> day of August, 2015, to:

Samantha Shepherd  
2018 W. 9<sup>th</sup> Ave.  
Stillwater, OK 74074-5103

**CERTIFIED MAIL NO: 7015 0640 0004 4933 3847**

and that a copy was delivered to:

Bail Bonds Division



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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

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Samantha Shepherd  
 2018 W. 9TH Ave.  
 Stillwater, OK 74074-5103  
**15-0633-DIS/DRB(mt)**  
**(Adm.Ord.~8-24-15)**

PS Form 3800, April 2015 PSN 7530-02-000-9047 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.</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 </p> <p>B. Received by (Printed Name) <u>Samantha Shepherd</u></p> <p>C. Date of Delivery <u>9/25/15</u></p>
<p>1. Article Addressed to:</p> <p>Samantha Shepherd                  2018 W. 9TH Ave.                  Stillwater, OK 74074-5103  <b>15-0633-DIS/DRB(mt)</b>  <b>(Adm.Ord.~8-24-15)</b></p> <p>9590 9403 0272 5155 1312 05</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>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  OCT 01 2015</p>
<p>2. Article Number (Transfer from service label)                  7015 0640 0004 4933 3847</p>	<p>3. Service Type <b>Legal Division</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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