BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, **Petitioner,**	)	
vs.	)	
SCOTT DARK, a licensed bail bondsman in the State of Oklahoma,	)	
AND	)	**CASE NO. 15-1015-DIS**
UNITED STATES FIRE INSURANCE COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma, **Respondents.**	)	

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 Scott Dark ("Dark") was a licensed bail bondsman in the State of Oklahoma holding license number 40084925. Dark's license expired on February 28, 2015.

3. Respondent United States Fire Insurance Company ("USFIC") is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 21113.

FINDINGS OF FACT

1. On or about February 7, 2015, an appearance bond was executed as follows:

Defendant:	Margaret Burgess
Case Number(s):	E013267
City/County:	Ponca City Municipal Court Clerk
Surety:	United States Fire Insurance Company
Bondsman:	Scott Dark
Power Number(s):	U1-20534117
Bond Amount(s):	$848

2. On February 26, 2015, the Defendant failed to appear, and the bond was orally declared forfeited. 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. Dark received a copy of the Order and Judgment of Forfeiture April 1, 2015.

4. USFIC received a copy of the Order and Judgment of Forfeiture on March 30, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, July 1, 2015.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

7. 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.

8. 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.

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 Scott Dark and United States Fire Insurance Company are each **CENSURED** and **FINED** Four Hundred Dollars ($400.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall immediately be deposited with the Ponca City Municipal Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) upon the receipt of this Order. Failure to do so shall result in the **CANCELLATION** of United States Fire Insurance 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 United States Fire Insurance 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 14th day of September, 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 14th day of September, 2015, to:

Scott Dark
1000 E. Grand Ave.
Tonkawa, OK 74653-4051

CERTIFIED MAIL NO:
7015 0640 0004 4933 4554

United States Fire Insurance Company
Attn: Dee Evans
10350 Richmond Ave., Ste 300
Houston, TX 77042-4348

CERTIFIED MAIL NO:
7015 0640 0004 4933 4592

Dan R. Byrd

7015 0640 0004 4933 4592

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*

OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

OKLAHOMA CITY, OK 8666-8 USPS
Postmark Here
SEP 14 2015

United States Fire Insurance Company
Attn: Dee Evans
10350 Richmond Ave., Ste. 300
Houston, TX 77042-4348
15-1015-DIS/DRB(mt)
(Cond.Adm.Ord ~9-14-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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:

United States Fire Insurance Company
Attn: Dee Evans
10350 Richmond Ave., Ste. 300
Houston, TX 77042-4348
15-1015-DIS/DRB(mt)
(Cond.Adm.Ord ~9-14-15)

OKLAHOMA INSURANCE DEPARTMENT
SEP 23 2015
Legal Division

9590 9403 0272 5155 0750 04

2. Article Number *(Transfer from service label)*
7015 0640 0004 4933 4592

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* April Newton
C. Date of Delivery 9.17.15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0004 4933 4554

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

OKLAHOMA CITY, OK SEP 11 2015 USPS 73118-9998
Postmark Here

Scott Dark
1000 E. Grand Ave.
Tonkawa, OK 74653-4051
15-1015-DIS/DRB(mt)
(Cond.Adm.Ord ~9-14-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

CERTIFIED MAIL®

7015 0640 0004 4933 4554

US POSTAGE $000.95

ZIP 7311
041L12203

9-16
9-24
lof

JOHN D. DOAK
Insurance Commissioner
Oklahoma Insurance Department
5 Corporate Plaza
3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511

2015 OCT 5 AM 9 20

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
OCT 06 2015
Legal Division

Scott Dark
1000 E. Grand Ave.
Tonkawa, OK 74653-4051

NIXIE 731 5E 1 0010/02/

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73112451125 *0757-03630-14-

74553405100
73112-4511

7015 0640 0004 4933 4554

CERTIFIED MAIL® RECEIPT

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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees *(check box, add fee as appropriate)*

- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

$

Total Postage and Fees

$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

OKLAHOMA CITY, OK 73118-9998 USPS SEP 14 2015 Postmark Here

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15-1015-DIS/DRB(mt)
(Cond.Adm.Ord ~9-14-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF THE ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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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Scott Dark
1000 E. Grand Ave.
Tonkawa, OK 74653-4051
15-1015-DIS/DRB(mt)
(Cond.Adm.Ord ~9-14-15)

9590 9403 0272 5155 0749 60

2. Article Number *(Transfer from service label)*

7015 0640 0004 4933 4554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
OCT 06 2015

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt