

FILED  
SEP 11 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 15-1039-DIS

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

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 Russel Glass (“Glass”) is a licensed bail bondsman in the State of Oklahoma holding license number 199472.

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.

1. On or about January 30, 2015, an appearance bond was executed as follows:

Defendant: Timmey James Tinsley  
Case Number(s): CM-2015-49  
City/County: Garvin County Court Clerk  
Surety: Crum & Forster Indemnity Company  
Bondsman: Russel Glass  
Power Number(s): C5-70167596  
Bond Amount(s): \$1000

2. On May 6, 2015, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on May 18, 2015. 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. Glass received a copy of the Order and Judgment of Forfeiture on June 4, 2015.

4. CFIC received a copy of the Order and Judgment of Forfeiture on May 21, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, September 3, 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 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 Russel Glass and Crum & Forester Indemnity Company are each **CENSURED** and **FINED** Three Hundred Fifty Dollars (\$350.00).

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Garvin 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 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents’**

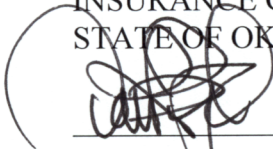
**actions alleged herein and any defenses thereto.**

**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 11<sup>th</sup> day of September, 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**

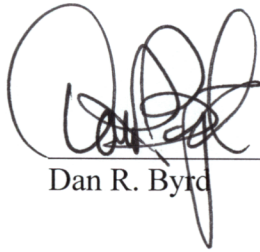
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 11<sup>th</sup> day of September, 2015, to:

Russel Glass  
408 W. Pennsylvania Ave.  
Chickasha, OK 73018-2447

**CERTIFIED MAIL NO:  
7015 0640 0004 4933 4561**

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

**CERTIFIED MAIL NO:  
7015 0640 0004 4933 4578**

  
\_\_\_\_\_  
Dan R. Byrd

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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  
 City, State, ZIP+4<sup>®</sup>

Russel Glass  
 408 W. Pennsylvania Ave.  
 Chickasha, OK 73018-2447  
 15-1039-DIS/DRB(mt)  
 (Cond. Adm. Ord. ~9-11-15)

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

**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:

Russel Glass  
 408 W. Pennsylvania Ave.  
 Chickasha, OK 73018-2447  
 15-1039-DIS/DRB(mt)  
 (Cond. Adm. Ord. ~9-11-15)

7015 0640 0004 4933 4561

9590 9403 0272 5155 0749 77

2. Article Number (Transfer from service label)

7015 0640 0004 4933 4561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Russel Glass* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Russel Glass* C. Date of Delivery *9-14-15*

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

RECEIVED  
 INSURANCE DEPARTMENT  
 SEP 15 2015

3. Service Type ☐ Priority Mail Express<sup>®</sup>  
☐ Adult Signature ☐ Registered Mail<sup>TM</sup>  
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery  
☒ Certified Mail<sup>®</sup> ☐ Return Receipt for Merchandise  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation<sup>TM</sup>  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Signature Confirmation Restricted Delivery (over \$500)

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

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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®

Crum & Forster Indemnity Company  
 c/o Fairmont Specialty  
 Attn: Dee Evans  
 10350 Richmond Ave., Suite 300  
 Houston, TX 77042  
 15-1039-DIS/DRB(mt)  
 (Cond.Adm.Ord.-9-11-15)

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 0640 0004 4933 4578



**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

Crum & Forster Indemnity Company  
 c/o Fairmont Specialty  
 Attn: Dee Evans  
 10350 Richmond Ave., Suite 300  
 Houston, TX 77042  
 15-1039-DIS/DRB(mt)  
 (Cond.Adm.Ord.-9-11-15)



9590 9403 0272 5155 0749 84

2. Article Number (Transfer from service label)

7015 0640 0004 4933 4578

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

April Newton

C. Date of Delivery

9.14.15

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT

SEP 21 2015

3. Service Type

- ☐ Adult Signature Legal Division  
☐ 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

Domestic Return Receipt