

FILED
OCT 19 2015
INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 15-1212-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 Stacy French (“French”) is a licensed bail bondsman in the State of Oklahoma holding license number 40087375. French’s license was suspended on September 23, 2015.

3. Respondent Seneca Insurance Company, Inc. (“SICI”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10936.

FINDINGS OF FACT

1. On or about March 9, 2015, appearance bonds were executed as follows:

Defendant:	Gabriel Piertro Giovanni Birnay
Case Number(s):	127597480(1) and F27597480(1)
City/County:	Oklahoma City Municipal Court Clerk
Surety:	SICI
Bondsman:	Stacy French
Power Number(s):	S06 02339264 and S06 02339265
Bond Amount(s):	\$352, \$182 = \$534

2. On May 21, 2015, the Defendant failed to appear, and the bonds were orally declared forfeited. Orders and Judgments of Forfeitures were filed by the court on June 9, 2015. True and correct copies of the Orders and Judgments of Forfeitures were mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. French received copies of the Orders and Judgments of Forfeitures on June 11, 2015.

4. SICI received copies of the Orders and Judgments of Forfeitures on June 15, 2015.

5. The ninety-first (91st) day after receipt of the Orders and Judgments of Forfeitures by Respondents was Thursday, September 10, 2015.

6. As of the date of this Order, the bond forfeitures have not been paid or otherwise set aside or the bonds exonerated.

7. The Defendant was not returned to custody within 90 days, nor was the face amounts of the forfeited bonds deposited with the Court Clerk within 91 days, after receipt of the Orders and Judgments of Forfeitures by Respondents.

CONCLUSIONS 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 amounts

of the bond forfeitures within ninety-one (91) days from receipt of the Orders and Judgments of Forfeitures.

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.

ORDER

IT IS THEREFORE ORDERED that Stacy French and Seneca Insurance Company, Inc. are **each CENSURED and FINED Four Hundred Dollars (\$400.00).**


IT IS FURTHER ORDERED that the face amounts of the bond forfeitures shall be deposited with the Oklahoma City Municipal Court Clerk (or the bond forfeitures otherwise set aside or the bonds exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Seneca Insurance Company, Inc.'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 Seneca Insurance Company, Inc.

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 19th day of October, 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

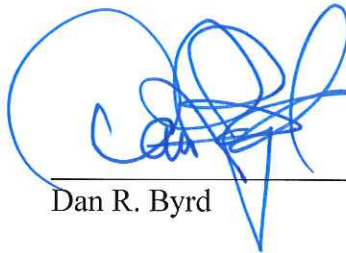
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 19th day of October, 2015, to:

Stacy French
1330 N. Classen Blvd., Ste. G20
Oklahoma City, OK 73106-6837

**CERTIFIED MAIL NO:
7015 0640 0004 4933 7210**

Seneca Insurance Company, Inc.
157 Main Street
P.O. Box 806
Greenville, Pennsylvania 16125

**CERTIFIED MAIL NO:
7015 0640 0004 4933 7227**



Dan R. Byrd

U.S. Postal ServiceTM
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OFFICIAL USE

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

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

Postage

\$

Total Postage and Fees

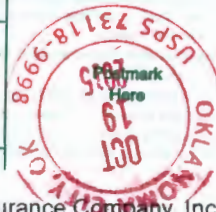
\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Seneca Insurance Company, Inc.
 157 Main Street
 P.O. Box 806
 Greenville, PA 16125
15-1212/DRB(mt)
(Cond.Adm.Ord. 10-19-15)



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:

Seneca Insurance Company, Inc.
 157 Main Street
 P.O. Box 806
 Greenville, PA 16125
15-1212/DRB(mt)
(Cond.Adm.Ord. 10-19-15)



9590 9403 0272 5155 1356 85

2. Article Number (Transfer from service label)

7015 0640 0004 4933 7227

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *George MacGo*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

GEORGE MACGO

C. Date of Delivery

10/22/15

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

Legal Division

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 7210

CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



Stacy French
 1330 N. Classen Blvd., Ste. G20
 Oklahoma City, OK 73106-6837
 15-1212/DRB(mt)
 (Cond. Adm. Ord. 10-19-15)



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

CERTIFIED MAIL



7015 0640 0004 4933 7210

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

OCT 27 2015

Legal Division

UTE

Stacy French
 1330 N. Classen Blvd., Ste. G20
 Oklahoma City, OK 73106-6837

neopost
 10/19/2015
 US POSTAGE \$006.95⁵



ZIP 73112
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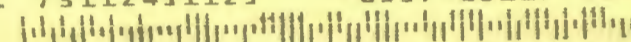
2015 OCT 26 AM 9 16

NIXIE 731 DE 1 0010/22/15

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 73112451125 *0357-03117-19-40

731066837



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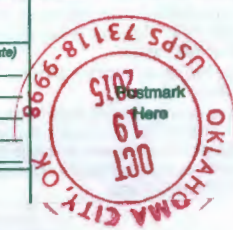
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Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage and Fees \$	
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A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Domestic Return Receipt