

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
DEC 04 2015  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, Petitioner, vs. STACY FRENCH, formerly a licensed bail bondsman in the State of Oklahoma, AND SENECA INSURANCE COMPANY, INC., an insurance company licensed to act as bail surety in the State of Oklahoma, Respondents.

CASE NO. 15-1332-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 Stacy French ("French") was a licensed bail bondsman in the State of Oklahoma holding license number 40087375. Respondent's license was revoked on November 19, 2015.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 23, 2015, an appearance bond was executed as follows:

Defendant:	Clifton Edward Scherer
Case Number(s):	CF-2014-7355
City/County:	Oklahoma County Court Clerk
Surety:	SICI
Bondsman:	Stacy French
Power Number(s):	S11 02354440
Bond Amount(s):	\$6500

2. On August 3, 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 August 13, 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. French received a copy of the Order and Judgment of Forfeiture on August 14, 2015.

4. SICI received a copy of the Order and Judgment of Forfeiture on August 18, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, November 13, 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.

**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** One Thousand Five Hundred Dollars (\$1,500.00).

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Oklahoma 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 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.

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 4<sup>th</sup> day of December, 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**

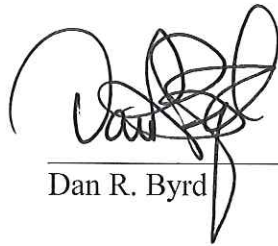
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 14<sup>th</sup> day of December, 2015, to:

Stacy French  
Stacy's Bail Bond  
1125 NW 104<sup>th</sup> St.  
Oklahoma City, OK 73114-5009

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 2523**

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

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 2530**



A handwritten signature in black ink, appearing to read 'Dan R. Byrd', is written over a horizontal line.

Dan R. Byrd

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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®

Stacy French  
 Stacy's Bail Bonds  
 1125 NW 104TH St.  
 Oklahoma City, OK 73114-5009  
**15-1332-DIS/DRB(mt)**  
 (Cond. Adm. Ord. & Notice~12-04-15)



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

CERTIFIED MAIL



7015 0640 0002 7406 2523

neopost™  
 12/04/2015  
**US POSTAGE \$006.95**  
 FIRST-CLASS MAIL  
 ZIP 73112  
 041L12203132



2015 DEC 28 PM 11 07

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 DEC 29 2015  
 Legal Division

**JOHN D. DOAK**  
**Insurance Commission**  
 Oklahoma Insurance Department  
 5 Corporate Plaza  
 3625 N.W. 56th St., Ste. #100  
 Oklahoma City, OK 73112-4100



**Stacy French**  
**Stacy's Bail Bonds**  
**1125 NW 104TH St.**  
**Oklahoma City, OK 73114-5009**

NIXIE 731 DE 1 0012/23/15  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 BC: 73112451999 \*0657-05490-04-39



Handwritten initials: N, 5, and a signature.

7015 0640 0002 7406 2523

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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

City, State, ZIP+4®

Stacy French  
 Stacy's Bail Bonds  
 1125 NW 104TH St.  
 Oklahoma City, OK 73114-5009  
 15-1332-DIS/DRB(mt)  
 (Cond. Adm. Ord. & Notice-12-04-15)



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

CERTIFIED MAIL  
PLACE STICKER AT TOP OF 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.

1. Article Addressed to:

Stacy French  
 Stacy's Bail Bonds  
 1125 NW 104TH St  
 Oklahoma City, OK 73114-5009  
 15-1332-DIS/DRB(mt)  
 (Cond. Adm. Ord. & Notice-12-04-15)



9590 9403 0272 5155 1327 69

2. Article Number (Transfer from service label)

7015 0640 0002 7406 2523

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
- X** Addressee
- B. Received by (Printed Name) C. Date of Delivery  Yes  No

Does delivery address differ from item 1?  Yes  No

IF YES, enter delivery address below:

OKLAHOMA INSURANCE DEPARTMENT  
 RECEIVED  
 DEC 23 2015  
 Legal Division

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

Domestic Return Receipt

7015 0640 0002 7406 2530

U.S. Postal Service™  
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)	
<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®	

Seneca Insurance Company, Inc.  
157 Main Street  
P.O. Box 806  
Greenville, PA 16125  
15-1332-DIS/DRB(mt)  
(Cond. Adm. Ord. & Notice-12-04-15)

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- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

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157 Main Street  
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Greenville, PA 16125  
15-1332-DIS/DRB(mt)  
(Cond. Adm. Ord. & Notice-12-04-15)



9590 9403 0272 5155 1327 83

2. Article Number (Transfer from service label)

7015 0640 0002 7406 2530

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
X <i>George Macko</i>	
B. Received by (Printed Name)	C. Date of Delivery
<i>George Macko</i>	<i>12-7-15</i>
Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

OKLAHOMA INSURANCE DEPARTMENT

DEC 14 2015

Legal Division

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt