

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

FILED
DEC 30 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. 15-1407-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. French's license was revoked on November 19, 2015.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 July 14, 2015, appearance bonds were executed as follows:

Defendant:	Marissa M. Randle
Case Number(s):	F42309780(1), 142309780(1), 14230979x
City/County:	Oklahoma City Municipal Court Clerk
Surety:	SICI
Bondsman:	Stacy French
Power Number(s):	S06 02375709, S06 02377332, S06 02377333
Bond Amount(s):	\$182+\$346+\$357=\$885

2. On August 18, 2015, the Defendant failed to appear, and the bonds were orally declared forfeited. Orders and Judgments of Forfeitures were filed by the court on September 3, 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 September 4, 2015.

4. SICI received copies of the Orders and Judgments of Forfeitures on September 8, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, December 4, 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 amount of the forfeited bonds deposited with the Court Clerk within 91 days, after receipt of the Orders and Judgments of Forfeitures by Respondents.

8. The bonds were reported.

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 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.

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 30th day of December, 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

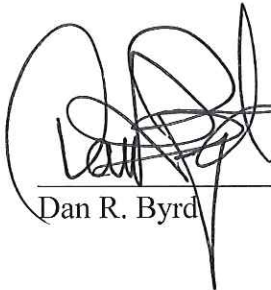
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 30th day of December, 2015, to:

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

**CERTIFIED MAIL NO:
7015 0640 0002 7406 3582**

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

**CERTIFIED MAIL NO:
7015 0640 0002 7406 3599**



Dan R. Byrd

7015 0640 0002 7406 3599

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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
15-1407-DIS/DRB(mt)
(Cond.Ad.Ord. & Notice~12-30-15)

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
15-1407-DIS/DRB(mt)
(Cond.Ad.Ord. & Notice~12-30-15)



9590 9403 0272 5155 0719 52

2. Article Number (Transfer from service label)

7015 0640 0002 7406 3599

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

George M. Aceo

☐ Agent

☐ Addressee

B. Received by (Printed Name)

GEORGE MACEO

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

RECEIVED INSURANCE DEPARTMENT

JAN 11 2016

Legal Division

3. Service Type

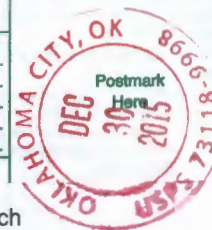
- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0002 7406 3582

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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	Stacy French
Street and Apt. No., or PO Box	Stacy's Bail Bonds
City, State, ZIP+4®	1125 NW 104TH St.
	Oklahoma City, OK 73114-5009
	15-1407-DIS/DRB(mt)
	(Cond.Ad.Ord. & Notice~12-30-15)
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions



JOHN D. DOAK
Insurance Commissi
 Oklahoma Insurance Depa
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. #1
 Oklahoma City, OK 73112-4

CERTIFIED MAIL



7015 0640 0002 7406 3582

neopost
 12/30/2015
US POSTAGE \$006.95⁵

FIRST-CLASS MAIL



ZIP 73112
 041L12203132

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JAN 22 2016
 Legal Division

2016 JAN 21 AM 10 24

LN
 12-31
 LB
 FIS

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

NIXIE 731 DE I 0001/20/16
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 73112451999 *0157-04624-30-37
 73112@4519
 73114\$5009

7015 0640 0002 7406 3582

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For delivery information, visit our website at www.usps.com	
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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 \$	
Sent To	Stacy French
Street and Apt. No., or PO Box	Stacy's Bail Bonds
City, State, ZIP+4®	1125 NW 104TH St.
	Oklahoma City, OK 73114-5009
	15-1407-DIS/DRB(mt)
	(Cond.Ad.Ord. & Notice-12-30-15)
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Stacy French Stacy's Bail Bonds 1125 NW 104TH St. Oklahoma City, OK 73114-5009 15-1407-DIS/DRB(mt) (Cond.Ad.Ord. & Notice-12-30-15)</p> <p>9590 9403 0272 5155 1342 82</p> <p>2. Article Number (Transfer from service label) 7015 0640 0002 7406 3582</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery JAN 22 2016</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>Legal Division</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	