



Defendant: Manuel Biliebre  
Case Number(s): CF-2012-2751  
City/County: Oklahoma County Court  
Surety: Allegheny Casualty Company  
Bondsman: Tracey Halley-Terrell  
Power Number(s): AS6K-505209  
Bond Amount(s): \$3500

2. On September 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 September 10, 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. Terrell received a copy of the Order and Judgment of Forfeiture on September 11, 2015.

4. ACC received a copy of the Order and Judgment of Forfeiture on September 14, 2015.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, December 11, 2015.

6. The bond forfeiture was paid late on December 16, 2015.

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 and failing to report the bond as required by 59 O.S. §§ 1310(A)(24) and 1314(B).

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 Tracey Halley-Terrell and Allegheny Casualty Company are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

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 27<sup>th</sup> day of January, 2016.



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**

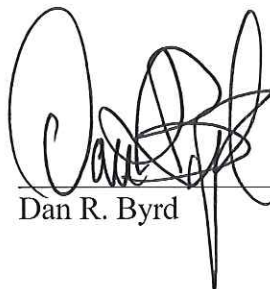
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 27<sup>th</sup> day of January, 2016, to:

Tracey Halley-Terrell  
217 N. Harvey Ave., Ste. 409  
Oklahoma City, OK 73102-3800

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 5753**

Allegheny Casualty Company  
26560 Agoura Road Ste. 100  
Calabasas, CA 91311

**CERTIFIED MAIL NO:  
7015 0640 0002 7406 5760**



Dan R. Byrd

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)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Tracey Halley-Terrell  
 217 N. Harvey Ave., Ste. 409  
 Oklahoma City, OK 73102-3800  
 16-0102-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice-1-27-16)

Street and Apt. No., or PO Box  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN



**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:

Tracey Halley-Terrell  
 217 N. Harvey Ave., Ste. 409  
 Oklahoma City, OK 73102-3800  
 16-0102-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice-1-27-16)

9590 9403 0272 5155 0703 44

2. Article Number (Transfer from service label)  
 7015 0640 0002 7406 5753

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Tracey Halley-Terrell*  Agent  Addressee

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 FEB 03 2016  
 Legal Division

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)

7015 0640 0002 7406 5753

**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)  
 Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_  
 Total Postage and Fees \$ \_\_\_\_\_

Allegheny Casualty Company  
 26560 Agoura Road, Ste. 100  
 Calabasas, CA 91311  
 16-0102-DIS/DRB(mt)  
 (Cond. Adm. Ord. & Notice-1-27-16)

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

7015 0640 0002 7406 5760

**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:  
 Allegheny Casualty Company  
 26560 Agoura Road, Ste. 100  
 Calabasas, CA 91311  
 16-0102-DIS/DRB(mt)  
 (Cond. Adm. Ord. & Notice-1-27-16)



9590 9403 0272 5155 0703 51

2. Article Number (Transfer from service label)  
 7015 0640 0002 7406 5760

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Abel Moroyoco  Agent  Addressee

B. Received by (Printed Name) **ABEL MOROYOQUI** Date of Delivery **FEB 01 2016**

RECEIVED SURVIVAL DEPARTMENT  
 Is delivery address different from item 1?  Yes  No  
 If Yes, enter delivery address below: \_\_\_\_\_

FEB 09 2016

Legal Division

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

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

Domestic Return Receipt