

Defendant: Melissa Diane Resendiz
Case Number(s): CF-2013-305
City/County: McClain County Court Clerk
Surety: Crum & Forster Indemnity Company
Bondsman: Debra Heller
Power Number(s): C10-70081328
Bond Amount(s): \$2500

2. On October 14, 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 October 21, 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. Heller received a copy of the Order and Judgment of Forfeiture on October 27, 2015.

4. CFIC received a copy of the Order and Judgment of Forfeiture on October 26, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, January 26, 2016.

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.

9. 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 Debra Heller and Crum & Forester Indemnity Company are each **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the McClain 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 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 4th day of February, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

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

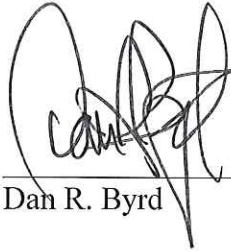
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 4th day of February, 2016, to:

Debra Heller
11044 250th St.
Blanchard, OK 73010-4161

**CERTIFIED MAIL NO:
7015 0640 0002 7406 6811**

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

**CERTIFIED MAIL NO:
7015 0640 0002 7406 6828**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at 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 \$ _____

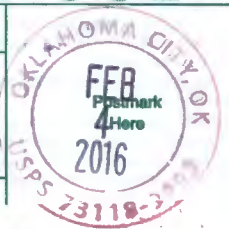
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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

Crum & Forster Indemnity Company
 c/o Fairmont Specialty
 Attn: Dee Evans
 10350 Richmond Ave., Suite 300
 Houston, TX 77042
 16-0125-DIS/DRB(mt)
 (Cond.Adm.Ord. & Notice~2-04-16)



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:

Crum & Forster Indemnity Company
 c/o Fairmont Specialty
 Attn: Dee Evans
 10350 Richmond Ave., Suite 300
 Houston, TX 77042
 16-0125-DIS/DRB(mt)
 (Cond.Adm.Ord. & Notice~2-04-16)

9590 9402 1346 5285 6008 95

2. Article Number (Transfer from service label)

7015 0640 0002 7406 6828

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

OKLAHOMA INSURANCE DEPARTMENT
 FEB 16 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

Insured Mail Restricted Delivery (over \$500)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at 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®

Debra Heller
 11044 250TH St.
 Blanchard, OK 73010-4161
16-0125-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~2-04-16)



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

7406 6811 0002 7406 6811

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:

Debra Heller
 11044 250TH St.
 Blanchard, OK 73010-4161
16-0125-DIS/DRB(mt)
(Cond.Adm.Ord. & Notice~2-04-16)



2. Article Number (Transfer from service label)

7406 6811 0002 7406 6811

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Handwritten Signature]

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

Debra Heller 2/16/16

D. Is delivery address different from item 1? Yes No

YES, enter delivery address below:

FEB 2 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 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt