

Defendant: Paul Joshua Thompson
Case Number(s): CF-2015-6360
City/County: Oklahoma County Court Clerk
Surety: Crum & Forster Indemnity Company
Bondsman: Cecil Mayfield
Power Number(s): C5-70198342
Bond Amount(s): \$3000

2. On October 22, 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 November 3, 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. Mayfield received a copy of the Order and Judgment of Forfeiture on November 5, 2015.

4. CFIC received a copy of the Order and Judgment of Forfeiture on November 30, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, February 4, 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 Cecil Mayfield 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 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 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 10th day of February, 2016.



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

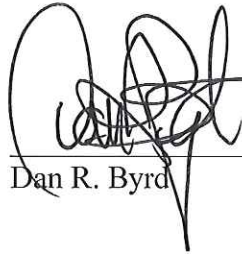
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 10th day of February, 2016, to:

Cecil Mayfield
506 NW 34th Street
Oklahoma City, OK 73118-7302

**CERTIFIED MAIL NO:
7015 0640 0002 7406 7214**

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 7221**



Dan R. Byrd

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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 Cecil Mayfield
 506 NW 34TH Street
 Oklahoma City, OK 73118-7302
16-0143-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice~2-10-16)
 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 7214

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>																	
<p>1. Cecil Mayfield 506 NW 34TH Street Oklahoma City, OK 73118-7302 16-0143-DIS/DRB(mt) (Cond. Adm. Ord. & Notice~2-10-16)</p> <p>9590 9403 0272 5155 0700 85</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT FEB 17 2016 Legal Division</p>																	
<p>2. Article Number (Transfer from service label) 7015 0640 0002 7406 7214</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<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)	
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<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

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Adult Signature Restricted Delivery \$ _____

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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
 16-0143-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice~2-10-16)

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

7015 0640 0002 7406 7221

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- 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
 16-0143-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice~2-10-16)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Debra Samuel

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

Debra Samuel *2-16*

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 FEB 23 2016
 Legal Division

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

2. Article Number (Transfer from service label)

7015 0640 0002 7406 7221

3. Service Type

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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, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt