

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

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
 Petitioner,)
vs.)
)
 CECIL MAYFIELD, a licensed bail bondsman in)
the State of Oklahoma,)
)
 AND)
)
 CRUM & FORSTER INDEMNITY COMPANY,)
a licensed surety in the State of Oklahoma,)
)
 Respondents.)
)

FILED
JUN 10 2016
INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 16-0541-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 Cecil Mayfield ("Mayfield") is a licensed bail bondsman in the State of Oklahoma holding license number 199778.
3. Respondent Crum & Forster Indemnity Company ("CFIC") is a licensed surety in the State of Oklahoma holding certificate of authority number 2251.

ALLEGATIONS OF FACT

1. On or about January 7, 2016, an appearance bond was executed as follows:

Defendant:	Matthew Randel Collins
Case Number(s):	CF-2012-7051
City/County:	Oklahoma County
Surety:	Crum & Forster Indemnity Company
Bondsman:	Cecil Mayfield
Power Number(s):	C5-70202437
Bond Amount(s):	\$2,000.00

2. On February 1, 2016, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case February 9, 2016 by the Oklahoma County District Court. 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 February 12, 2016.

4. CFIC received a copy of the Order and Judgment of Forfeiture on February 19, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was May 13, 2016.

6. Defendant has not been returned to custody within ninety (90) days, and the forfeiture was not paid until June 1, 2016.

ALLEGED VIOLATIONS 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 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 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 per violation.

ORDER

IT IS THEREFORE ORDERED that Mayfield and CFIC are each **FINED Five Hundred Dollars (\$500.00)**. The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law,

and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 10^m day of June, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6530
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 10^m day of June 2016, to:

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

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7720**

Crum & Foster Indemnity Company
10350 Richmond Avenue
Suite 300
Houston, TX 77252

**CERTIFIED MAIL NO:
7015 3010 0001 4736 7737**

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sara A. Worten
Assistant General Counsel

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®

Cecil Mayfield
 506 NW 34TH Street
 Oklahoma City, OK 73118
16-0541-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~6-10-16)

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

7015 3010 0001 4736 7720

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. Cecil Mayfield
 506 NW 34TH Street
 Oklahoma City, OK 73118
16-0541-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~6-10-16)

9590 9403 0272 5155 0757 07

2. Article Number (Transfer from service label)
7015 3010 0001 4736 7720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JUN 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® _____

Crum & Forster Indemnity Company
 10350 Richmond Avenue, Suite 300
 Houston, TX 77252
16-0541-DIS/SAW(mt)
(Cond. Adm. Ord. & Notice ~6-10-16)

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

SENDER: COMPLETE THIS SECTION

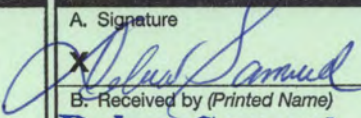
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Crum & Forster Indemnity Company
 10350 Richmond Avenue, Suite 300
 Houston, TX 77252
16-0541-DIS/SAW(mt)
(Cond. Adm. Ord. & Notice ~6-10-16)



2. Article Number (Transfer from service label)
7015 3010 0001 4736 7737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **Debra Samuel** C. Date of Delivery **6-15-16**

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



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)

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

Domestic Return Receipt

7015 3010 0001 4736 7737