

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

**FILED**  
JUN 15 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,  
Petitioner,  
vs.  
SECILE BAUGMAN, a licensed bail bondsman in the State of Oklahoma,  
AND  
AMERICAN CONTRACTORS INDEMNITY COMPANY, an insurance company licensed to act as bail surety in the State of Oklahoma,  
Respondents.

CASE NO. 16-0582-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. §§ 1301-1341.
2. Respondent Secile Baughman (“Baughman”) is a licensed bail bondsman in the State of Oklahoma holding license number 100232355.
3. Respondent American Contractors Indemnity Company (“ACIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10216.

**FINDINGS OF FACT**

1. On or about December 3, 2015, an appearance bond was executed as follows:

Defendant: Crystal Ann Smith  
Case Number(s): CM-2015-628  
City/County: Osage County Court Clerk  
Insurer: American Contractors Indemnity Company  
Bondsman: Secile Baughman  
Power Number(s): A15-2206200  
Bond Amount(s): \$3000

2. On February 5, 2016, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on February 17, 2016. 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. Baughman's copy of the Order and Judgment of Forfeiture was unclaimed.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on February 22, 2016.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, May 23, 2016.

7. The bond forfeiture was paid late on June 14, 2016.

8. 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.

**ORDER**

**IT IS THEREFORE ORDERED** that Secile Baughman and American Contractors Indemnity Company are each **CENSURED** and **FINED** Three Hundred Fifty Dollars (\$300.00).

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 have not paid their fines ordered herein and do not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31<sup>st</sup>) day following the receipt of the Order, Respondents' license shall be immediately suspended, and their fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 15<sup>th</sup> day of June, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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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**

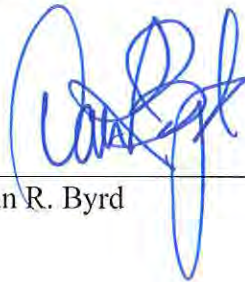
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 15<sup>th</sup> day of June, 2016, to:

Secile Baughman  
181 Dove Ln.  
Ponca City, OK 74604-5200

**CERTIFIED MAIL NO:  
7015 3010 0001 4736 8000**

American Contractors Indemnity Company  
601 South Figueroa Street, Suite 1600  
Los Angeles, CA 90017-5721

**CERTIFIED MAIL NO:  
7015 3010 0001 4736 8017**



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Dan R. Byrd

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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®  
 \_\_\_\_\_

Secile Baughman  
 181 Dove Ln.  
 Ponca City, OK 74604-5200  
**16-0582-DIS/DRB(mt)**  
**(Cond.Adm.Ord. & Notice ~6-14-16)**

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

7015 3010 0001 4736 8000

**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.

Article Addressed to:

Secile Baughman  
 181 Dove Ln.  
 Ponca City, OK 74604-5200  
**16-0582-DIS/DRB(mt)**  
**(Cond.Adm.Ord. & Notice ~6-14-16)**



9590 9402 1900 6104 3887 50

2. Article Number (Transfer from service label)

7015 3010 0001 4736 8000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Secile Baughman  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 6/27/16

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
**JUN 27 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

**U.S. Postal Service™**  
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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 American Contractors Indemnity Company  
 601 South Figueroa Street, Suite 1600  
 Los Angeles, CA 90017-5721  
 Street and Apt. No., or PO Box 1 16-0582-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice ~6-14-16)  
 City, State, ZIP+4® \_\_\_\_\_

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. Addressee's name and address  
 American Contractors Indemnity Company  
 601 South Figueroa Street, Suite 1600  
 Los Angeles, CA 90017-5721  
 16-0582-DIS/DRB(mt)  
 (Cond.Adm.Ord. & Notice ~6-14-16)



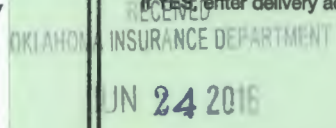
2. Article Number (Transfer from service label)  
 7015 3010 0001 4736 8017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *M. Gonzalez* C. Date of Delivery *6/16/16*

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



3. Service Type  
 Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery (over \$500)

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