

Defendant: Bethana Inez Woods
Case Number(s): CF-2015-379
City/County: Osage County Court Clerk
Insurer: American Contractors Indemnity Company
Bondsman: Secile Baughman
Power Number(s): A5-2235497
Bond Amount(s): \$3000

2. On February 4, 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 received on March 3, 2016.

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

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, June 2, 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 56th 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 (31st) 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 17th day of June, 2016.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is stylized and cursive.

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

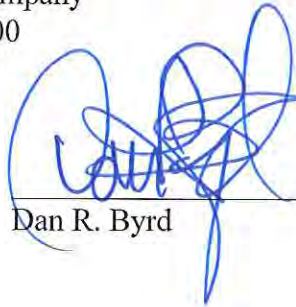
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 17th day of June, 2016, to:

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

**CERTIFIED MAIL NO:
7015 3010 0001 4736 8192**

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

**CERTIFIED MAIL NO:
7015 3010 0001 4736 8208**



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

7015 3010 0001 4736 8192

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® _____

Secile Baughman
 181 Dove Ln.
 Ponca City, OK 74604-5200
16-0598-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~6-17-16)

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

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 X <i>Secile Baughman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Secile Baughman 181 Dove Ln. Ponca City, OK 74604-5200 16-0598-DIS/DRB(mt) (Cond. Adm. Ord. & Notice ~6-17-16) </div> <p>9590 9402 1900 6104 3875 31</p>	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.5em;">OKLAHOMA INSURANCE DEPARTMENT</p> <p style="text-align: center; font-weight: bold; font-size: 1.5em;">JUN 27 2016</p> <p style="text-align: center; font-size: 0.8em;">Legal Division</p>																
<p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 8192</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)	
<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, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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 No. _____
 City, State, ZIP+4® _____

American Contractors Indemnity Company
 601 South Figueroa Street, Suite 1600
 Los Angeles, CA 90017-5721
 16-0598-DIS/DRB(mt)
 (Cond.Adm.Ord. & Notice ~6-17-16)

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

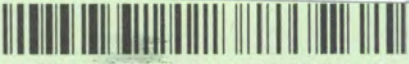
7015 3010 0001 4736 8208

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:

American Contractors Indemnity Company
 601 South Figueroa Street, Suite 1600
 Los Angeles, CA 90017-5721
 16-0598-DIS/DRB(mt)
 (Cond.Adm.Ord. & Notice ~6-17-16)



9590 9402 1900 6104 3875 48

2. Article Number (Transfer from service label)

7015 3010 0001 4736 8208

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *M Gonzalez* C. Date of Delivery *6/17/16*

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

JUN 24 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)

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