

enters into this Consent Order as a voluntary settlement to the issues and questions raised in the above captioned case.

STIPULATIONS OF FACT

1. On or about January 21, 2016, an appearance bond was executed as follows:

Defendant:	Pedro Ivan Delacruz
Case Number(s):	CM-2016-1
City/County:	Beaver County Court Clerk
Surety:	Indiana Lumbermens Mutual Insurance Company
Bondsman:	April Echols
Power Number(s):	US25-786262
Bond Amount(s):	\$25,000

2. On February 24, 2016, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was filed by the court on February 24, 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. Echols received a copy of the Order and Judgment of Forfeiture on February 29, 2016.

4. Lumbermens received a copy of the Order and Judgment of Forfeiture on February 29, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, May 30, 2016, which was a holiday. Per rule the due date was Tuesday, May 31, 2016.

6. 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.

7. The bond forfeiture was paid on February 14, 2017.

CONCLUSIONS OF LAW

1. 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.

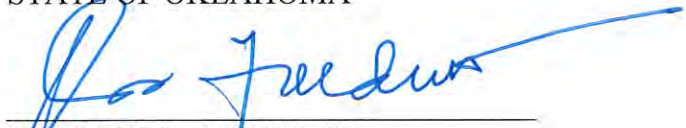
ORDER AND CONSENT

IT IS THEREFORE ORDERED by the Insurance Commissioner and CONSENTED to by both Respondents that they shall each be and are hereby fined in the amount of Two Hundred Fifty Dollars (\$250.00). The fines are to be paid immediately.

WITNESS My Hand and Official Seal this 24 day of February 2017.

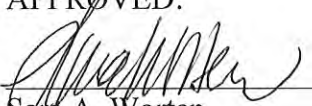


JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

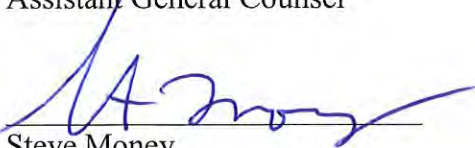


CHARLES F. ALDEN, III
Hearing Examiner

APPROVED:



Sara A. Worten
Assistant General Counsel



Steve Money
Attorney for Respondents
April Echols
Indiana Lumbermens Mutual Insurance Company

CERTIFICATE OF MAILING

I, hereby certify that a true and correct copy of the above and foregoing Consent Order was hand delivered and mailed postage prepaid with return receipt requested on this 24th day of February, 2017, to:

Stephen Money
Meaghan McPherson
430 Court Street
Muskogee, OK 74401
Attorney for Respondents

CERTIFIED MAIL NO. 7016 0910 0000 8401 1051

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division


Sara A. Worten

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
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Extra Services & Fees (check box, add fee as appropriate)

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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®

Stephen Money
 Meaghan McPherson
 430 Court Street
 Muskogee, OK 74401
 Attorney for Respondents
 16-0601-DIS/SAW(mt)
 (Consent Ord~2-24-17)



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

7016 0910 0000 8401 1051

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 2-27-17</p>
<p>1. Article Addressed to:</p> <div data-bbox="45 976 446 1165" style="border: 1px solid black; padding: 5px;"> Stephen Money Meaghan McPherson 430 Court Street Muskogee, OK 74401 Attorney for Respondents 16-0601-DIS/SAW(mt) (Consent Ord~2-24-17) </div> <p>9590 9402 1900 6104 3985 99</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT MAR 02 2017 Legal Division</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 8401 1051</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>