

FINDINGS OF FACT

1. On or about March 27, 2016, appearance bonds were executed as follows:

| | |
|------------------|-------------------------------|
| Defendant: | Corina A. Western |
| Case Number(s): | TR-2008-17500 & TR-2008-17502 |
| City/County: | Tulsa County Court Clerk |
| Surety: | Curtis Pletcher |
| Bondsman: | Ryanne Hamilton |
| Power Number(s): | 99418 & 99419 |
| Bond Amount(s): | \$336.50 & \$291.50 |

2. On March 28, 2016, the Defendant failed to appear, and the bonds were declared forfeited. Orders and Judgments of Forfeitures were issued and filed in the case on April 5, 2016 by the Rogers County Court Clerk. True and correct copies of the Orders and Judgments of Forfeitures were mailed to Respondents on April 5, 2016 with return receipt requested within thirty (30) days after the Order's filing.

3. Hamilton received copies of the Orders and Judgments of Forfeitures on April 7, 2016.

4. Pletcher received copies of the Orders and Judgments of Forfeitures on April 8, 2016.

5. The ninety-first (91st) day after receipt of the Orders and Judgments of Forfeitures was Thursday, July 7, 2016.

6. The bond forfeiture in the amount of \$291.50 in TR-2008-17502 was paid late on July 11, 2016. As of the date of this Order, the bond forfeiture of \$336.50 in TR-2008-17500 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 bonds deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

8. The bonds were reported.

CONCLUSIONS 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 forfeitures 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.

ORDER

IT IS THEREFORE ORDERED that Ryanne Hamilton and Curtis Pletcher are each **FINED** Three Hundred Dollars (\$300.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Tulsa 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 Curtis Pletcher'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 Curtis Pletcher.

Respondents are further notified that they may request a hearing within 30 days of the receipt of this Conditional Administrative 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 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 the 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 the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 20th day of July, 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) 521-2746
Fax (405) 522-0125

CERTIFICATE OF MAILING

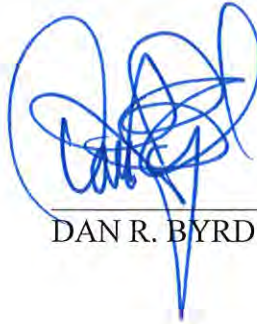
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 26th day of July, 2016, to:

Ryanne Hamilton
44 E. 16th St.
Tulsa, OK 74119-4432

**CERTIFIED MAIL NO:
7015 3010 0001 4736 9595**

Curtis Pletcher
P.O. Box 66
Springer, OK 73458-0066

**CERTIFIED MAIL NO:
7015 3010 0001 4736 9601**



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 9595

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®

Ryanne Hamilton
 44 E. 16TH St.
 Tulsa, OK 74119-4432
16-0716-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~7-26-16)

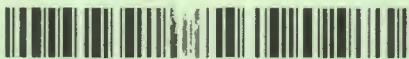
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Ryanne Hamilton
 44 E. 16TH St.
 Tulsa, OK 74119-4432
16-0716-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~7-26-16)



9590 9402 1736 6074 9185 89

2. Article Number (Transfer from service label)

7015 3010 0001 4736 9595

3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **8/10/16**

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

AUG 15 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)

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
 City, State, ZIP+4®

Curtis Pletcher
 P.O. Box 66
 Springer, OK 73458-0066
16-0716-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~7-26-16)

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

7015 3010 0001 4736 9601

| 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>Curt Pletcher</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Curt Pletcher</i> C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p>Curtis Pletcher P.O. Box 66 Springer, OK 73458-0066 16-0716-DIS/DRB(mt) (Cond. Adm. Ord. & Notice ~7-26-16)</p> | <p>2. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 08 2016 Legal Division</p> | | | | | | | | | | | | | | | | |
| <p>3. Article Number (Transfer from service label) 7015 3010 0001 4736 9601</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