

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
AUG 02 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
STACY FRENCH, formerly a licensed bail)
bondsman in the State of Oklahoma,)
AND)
SENECA INSURANCE COMPANY, INC., an)
insurance company licensed to act as bail)
surety in the State of Oklahoma,)
Respondents.)

CASE NO. 16-0728-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 Stacy French (“French”) was a licensed bail bondsman in the State of Oklahoma holding license number 40087375. French’s license was revoked on November 19, 2015.
3. Respondent Seneca Insurance Company, Inc. (“SICI”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10936.

FINDINGS OF FACT

1. On or about February 18, 2015, an appearance bond was executed as follows:

Defendant:	Phillip Latrey Laster
Case Number(s):	CF-2014-6414
City/County:	Oklahoma County Court Clerk
Surety:	SICI
Bondsman:	Stacy French
Power Number(s):	S26-02332705
Bond Amount(s):	\$19,000

2. On March 30, 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 April 11, 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. French's copy of the Order and Judgment of Forfeiture was unclaimed.

4. SICI received a copy of the Order and Judgment of Forfeiture on April 14, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, July 14, 2016.

6. As of the date of this Order, the bond forfeiture has 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 bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

8. 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 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. §§ 1301-1341, may be subject to a fine of not less than \$250 but not more than \$2,500.

ORDER

IT IS THEREFORE ORDERED that Stacy French and Seneca Insurance Company, Inc. are each **FINED** Five Hundred-Fifty Dollars (\$500.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Oklahoma 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 Seneca Insurance Company, Inc.'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 Seneca Insurance Company, Inc..

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.**

WITNESS My Hand and Official Seal this 2nd day of Aug 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.

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

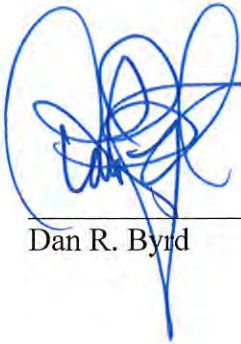
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 2nd day of Aug, 2016, to:

Stacy French
Stacy's Bail Bond
1125 NW 104th St.
Oklahoma City, OK 73114-5009

**CERTIFIED MAIL NO:
7016 0910 0000 5833 7620**

Seneca Insurance Company, Inc.
157 Main Street
P.O. Box 806
Greenville, Pennsylvania 16125

**CERTIFIED MAIL NO:
7016 0910 0000 5833 7637**



A handwritten signature in blue ink, appearing to be 'Dan R. Byrd', is written over a horizontal line.

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

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® _____

Seneca Insurance Company, Inc.
 157 Main Street
 P.O. Box 806
 Greenville, PA 16125
 16-0728-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice 8-02-16)

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

7016 0910 0000 5833 7637

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>George Macko</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) GEORGE MACKO</p> <p>C. Date of Delivery 8-5-17</p>
<p>1. Article Addressed to:</p> <p>Seneca Insurance Company, Inc. 157 Main Street P.O. Box 806 Greenville, PA 16125 16-0728-DIS/DRB(mt) (Cond. Adm. Ord. & Notice 8-02-16)</p> <p>9590 9402 1736 6074 9189 16</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT AUG 05 2016 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 7637</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 (over \$500)</p>

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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

7016 0910 0000 5833 7620

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®

PS Form 3800, April 2015 PSN

Stacy French
 Stacy's Bail Bonds
 1125 NW 104TH St
 Oklahoma City, OK 73114-5009
 16-0728-DISDRB(mt)
 (Cond. Adm. Ord. & Notice 8-02-16)



JOHN D. DOAK
Insurance Commis:
 Oklahoma Insurance Dep
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. 1
 Oklahoma City, OK 73112

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
AUG 26 2016
 Legal Division



7016 0910 0000 5833 7620
 2016 AUG 25 09:10 AM

Stacy French
 Stacy's Bail Bonds
 1125 NW 104TH St.
 Oklahoma City, OK 73114-5009

neopost
 08/02/2016
US POSTAGE \$006.67
 FIRST-CLASS MAIL



ZIP 73112
 041L12203132

Handwritten initials: W & A

731 731 245 194
 731 455 069 184
 UNC

NIXIE 731 DE 1 0008/24/16
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 73112451999 *0657-00669-02-41

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

OFFICIAL USE

7016 0910 0000 5833 7620

For delivery information, visit our website at www.usps.com.

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® _____

PS Form 3800, April 2015 PSN _____



Stacy French
 Stacy's Bail Bonds
 1125 NW 104TH St
 Oklahoma City, OK 73114-5009
 16-0728-DIS/DRB(mt)
 (Cond. Adm. Ord. & Notice 8-02-16)

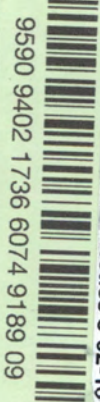
INM 09112923
 ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
 PLACE TICKET AT TOP OF ENVELOPE

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.

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Stacy French
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2. Article Number (Transfer from envelope, if applicable)

7016 0910 0000 5833 7620

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X

B. Received by (Printed Name) _____

C. Date of Delivery _____

Agent

Addressee

RECEIVED Is delivery address different from item 1? Yes No

OKLAHOMA INSURANCE DEPARTMENT delivery address below: Yes No

AUG 26 2016

Legal Division

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt