

suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence of a violation.

ALLEGATIONS OF FACT

1. On February 28, 2015, appearance bonds were executed as follows:

Defendant:	April Irene Adams
Case Number(s):	CF-2015-174
City/County:	Kay County District Court
Surety:	American Contractors Indemnity Company
Bondsman:	Marciano Villarruel
Power Number(s):	A5-2230915; A5-2230916
Bond Amount(s):	\$256.50; \$1,000.00

2. On September 4, 2015, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on September 11, 2015, by the Kay County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents' address of record with return receipt requested within thirty (30) days after the Order's filing.

3. Villarruel received a copy of the Order and Judgment of Forfeiture on September 14, 2015.

4. ACIC received a copy of the Order and Judgment of Forfeiture on September 15, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was December 14, 2015.

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. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

ALLEGED VIOLATIONS OF LAW

1. Respondents have violated 59 O.S. § 1332(D); by failing to timely return the Defendant within ninety (90) days or timely remit payment in the face amount of the bond forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

ORDER

IT IS THEREFORE ORDERED that Villarruel and ACIC are each **FINED Two Hundred Fifty Dollars (\$250.00)**. The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order. If the fines are not paid within thirty (30) days, Respondents' licenses will be suspended and shall remain suspended until the fine is paid in full.

IT IS FURTHER ORDERED that the face amount of the bond forfeitures shall be deposited with the Kay 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 ACIC'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 ACIC.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on

the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 17th day of August, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown
Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
(405) 521-2746

CERTIFICATE OF MAILING


I, Barron B. Brown, 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 by certified mail, with postage prepaid and return receipt requested, on this 17th day of August, 2016, to:

Marciano Villarruel
3006 N. 14th Street
Ponca City, OK 74601-1029

CERTIFIED MAIL NO. 7016 0910 0000 5833 5138

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

CERTIFIED MAIL NO. 7016 0910 0000 5833 5145



Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
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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®

Marciano Villarruel
 3006 N. 14th St.
 Ponca City, OK 74601-1029
 rlg/16-0783-DIS(BBB)/Cond Adm Ord



PS Form 3800, April 2015 PSN 7530-02-000-9053

7016 0910 0000 5833 0000

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:

Marciano Villarruel
 3006 N. 14th St.
 Ponca City, OK 74601-1029
 rlg/16-0783-DIS(BBB)/Cond Adm Ord

2. Article Number (Transfer from service label)
 7016 0910 0000 5833 5138

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Rick Game Agent
 Addressee

B. Received by (Printed Name)
Rick Game

C. Date of Delivery
 8-19-16

RECEIVED Is delivery address different from item 1? Yes
 No
 delivery address below:

OKLAHOMA INSURANCE DEPARTMENT
 AUG 23 2016
 Legal Division

3. Service Type

<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
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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
 American Contractors Indemnity Company
 601 S. Figueroa St., Suite 1600
 Los Angeles, CA 90017-5721
 rlg/16-0783-DIS(BBB)/Cond Adm Ord

Street and Apt. No., or PO Box
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN



7016 0910 0000 5833 5145

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<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 checked="" type="checkbox"/> <i>Melvin Cabman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
	<p>B. Received by (Printed Name) <i>Melvin Cabman</i></p>	<p>C. Date of Delivery <i>2218/16</i></p>																
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