



5. Pursuant to *59 O.S. § 1310(B)*, in addition to any potential denial, censure, 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.

6. Pursuant to *59 O.S. § 1332(D)(4)(a)*, the Insurance Commissioner shall immediately cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the appointment of all surety bondsman agents of the insurer who are licensed by *Section 1301 et seq.* of this title.

5. If Respondents request a hearing in writing in this matter, pursuant to *OAC 365:1-7-1*, the Insurance Commissioner, pursuant to *36 O.S. § 319*, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondents.

6. The Insurance Commissioner, pursuant to *OAC 365:1-7-5*, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

**ALLEGATIONS OF FACT**

1. On or about April 27, 2016, an appearance bond was executed as follows:

Defendant:	Baley Enlow
Case Number(s):	5977424
City/County:	Tulsa Municipal Court
Surety:	Indiana Lumbersmens Mutual Insurance Co.
Bondsman:	Keely Points
Power Number(s):	US 15 759072
Bond Amount(s):	\$500.00

2. On May 27, 2016, the Defendant failed to appear, and the bond was declared forfeited.

An Order and Judgment of Forfeiture was issued and filed in the case June 1, 2016 by the Tulsa Municipal Court Clerk. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents on June 2, 2016 with return receipt requested.

3. Points received a copy of the Order and Judgment of Forfeiture on June 6, 2016.
4. Lumbermens received a copy of the Order and Judgment of Forfeiture on June 17, 2016.
5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture was September 5, 2016.
6. As of the date of the filing of this Conditional Administrative Order, the forfeiture has not been paid and the defendant has not been returned to custody.

**ALLEGED CONCLUSIONS OF LAW**

1. Respondents have violated 59 O.S. § 1332 by failing to return the Defendant within ninety (90) days as specifically stated in subsection 4(c) of the statute 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**

**IT IS THEREFORE ORDERED that Points and Lulmbermans 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 and sent to the Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. If the fines are not paid within thirty (30) days, Points' license will be suspended and shall remain suspended until the fines are paid in full.**

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Tulsa Municipal 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 Lumbermens' license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Lumbermens.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondents request 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 Sara A. Worten, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 Respondents serve 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 24<sup>th</sup> day of October, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara A. Worten", written over a horizontal line.

Sara A. Worten  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 521-0125  
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 by regular mail and by certified mail, with postage prepaid and return receipt requested, on this 24<sup>th</sup> day of October 2016, to:

Keely Rochelle Points  
906 S. Cheyenne Ave.  
Tulsa, OK 74119

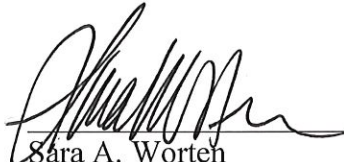
**CERTIFIED MAIL NO.** 7016 0910 0000 5833 3585

Indiana Lumbermens Mutual Insurance  
2005 Market Street, Suite 1200  
Philadelphia, PA 19103

**CERTIFIED MAIL NO.** 7016 0910 0000 5833 3592

and a copy was delivered to:

Anna Denman  
Bail Bonds Division

  
\_\_\_\_\_  
Sara A. Worthen  
Assistant General Counsel

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 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_  
 Total Postage and Fees \$ \_\_\_\_\_

Keely Rochelle Points  
 906 S. Cheyenne Ave.  
 Tulsa, OK 74119  
**16-0923-DIS/SAW(mt)**  
**(Cond.Adm.Ord. & Notice ~10-24-16)**

Sent To \_\_\_\_\_  
 Street and Apt. No., or PO Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

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

7016 0910 0000 5833 3585

**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:  
 Keely Rochelle Points  
 906 S. Cheyenne Ave.  
 Tulsa, OK 74119  
**16-0923-DIS/SAW(mt)**  
**(Cond.Adm.Ord. & Notice ~10-24-16)**



2. Article Number (Transfer from service label)  
**7016 0910 0000 5833 3585**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by (Printed Name) *Keely Rochelle Points* C. Date of Delivery *10-26-16*

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 OCT 31 2016  
 Legal Division

Does this article differ from item 1?  Yes  
 If YES, enter delivery address below:  No

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)  
 Insured Mail Restricted Delivery (over \$500)

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

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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®

Indianan Lumbermens Mutual Insurance  
 2005 Market Street, Suite 1200  
 Philadelphia, PA 19103  
**16-0923-DIS/SAW(mt)**  
**(Cond.Adm.Ord. & Notice ~10-24-16)**

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:

Indianan Lumbermens Mutual Insurance  
 2005 Market Street, Suite 1200  
 Philadelphia, PA 19103  
**16-0923-DIS/SAW(mt)**  
**(Cond.Adm.Ord. & Notice ~10-24-16)**



2. Article Number (Transfer from service label)  
**7016 0910 0000 5833 3592**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **10/28/16**

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

RECEIVED  
**OKLAHOMA INSURANCE DEPARTMENT**  
**NOV 18 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)

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

Domestic Return Receipt