

1. Pursuant to 59 O.S. § 1310(A)(23), a licensed bail bondsman must respond to a properly mailed notification from the Oklahoma Insurance Department (“OID”) “within a reasonable amount of time.”

2. On or about September 19, 2016, during which time Respondent was still actively licensed as a bail bondsman in the State of Oklahoma, the OID Bail Bonds Division sent a complaint notification letter to Respondent’s provided mailing address via certified mail. A copy of this letter is attached as Petitioner’s Exhibit A.

3. As of the date of this Order, Respondent has failed to respond to the OID concerning the September 19th complaint notification letter.

ALLEGED VIOLATIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(23); by failing to respond to a notification from the OID within a reasonable amount of time.

ORDER

IT IS THEREFORE ORDERED that Respondent shall provide a response to the notification referenced above and is **FINED Two Hundred Fifty Dollars (\$250.00)**. The response and fine are to be submitted the Oklahoma Insurance Department within thirty (30) days of the date of this Order. Payment may be made by either cashier’s check or money order.

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the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.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 10th day of November, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, reading "Barron B. Brown", written over a horizontal line.

Barron B. Brown
Assistant General Counsel
Oklahoma Insurance Department
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 10th day of November, 2016, to:

Steven Snyder
809 N Classen Blvd.
OKC, Oklahoma 73106-7223

CERTIFIED MAIL NO.

7016 0910 0000 5833 5886

A handwritten signature in black ink, reading "Barron B. Brown", written over a horizontal line.

Barron B. Brown
Assistant General Counsel

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
 Steven Snyder
 809 N. Classen Blvd.
 Oklahoma City, OK 73106-7223
 rlg/16-0975-DIS(BBB)/Cond Adm Ord

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

PS Form 3800, April 2015 PSN

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:

Steven Snyder
 809 N. Classen Blvd.
 Oklahoma City, OK 73106-7223
 rlg/16-0975-DIS(BBB)/Cond Adm Ord



9590 9402 1736 6074 9349 09

2. Article Number (Transfer from service label)

7016 0910 0000 5833 5886

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Steven Snyder* C. Date of Delivery *11/16/16*

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

NOV 16 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



Oklahoma Insurance Department

Bail Bonds Division
Five Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

Phone: (405) 521-6610
Fax (405) 522-6905
www.oid.ok.gov

Mary Fallin
Governor

John D. Doak
Insurance Commissioner

September 19, 2016

JULIA SPENCER
STEVEN SNYDER
809 N. CLASSEN BLVD.
OKLAHOMA CITY OK 73106-7223



Via certified mail - 7015 1730 0001 7924 3095

RE: Claims / Report ID number: 58397
Complainant: Samantha Massey
Oklahoma County Case: CF-2016-6393
Defendant: ANDRA DANYAL BUTLER

Dear JULIA SPENCER and STEVEN SNYDER,

The Oklahoma Insurance Department (OID) has received a complaint regarding bond transactions for the above defendant. A copy of the complaint is enclosed. The complainant is alleging misrepresentation of the terms of any actual or proposed bond.

The OID requires copies of **all documents concerning these bond transactions, including receipts**. Also needed is a signed and dated statement from each of you explaining the bond transactions and responding to the allegations.

This order is continuing. You are required to promptly supplement your response with any additional information you acquire or that has not been disclosed.

The purpose of this letter is to obtain information regarding the matter so that the OID can determine if any violation of the Oklahoma Bail Bond Code has occurred.

You are ordered to respond in writing within ten (10) days from receipt of this letter. Referenced above is our file number. Use this file number when corresponding with us.

Sincerely,

Anna Denman
Manager, Bail Bond Division
405-521-6610
anna.denman@oid.ok.gov

Enclosed: Copy of Complaint, 2 pages

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

BAIL BOND DEPARTMENT

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

OFFICIAL USE

7015 1730 0001 7924 3095

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. JULIA SPENCER & STEVEN SNYDER
 City, State, ZIP 809 N CLASSEN BLVD OKLAHOMA CITY OK 73106-7223
 Claims / Report ID number: 58397

PS Form 3800, 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:

JULIA SPENCER &
 STEVEN SNYDER
 809 N CLASSEN BLVD
 OKLAHOMA CITY OK 73106-7223
 Claims / Report ID number: 58397



9590 9401 0136 5225 7088 71

7015 1730 0001 7924 3095

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Julia Spencer

B. Received by (Printed Name) C. Date of Delivery
 Julie Spencer 9-21-16

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

SEP 23 2016
 BAIL BOND

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

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

Domestic Return Receipt