

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.

7. 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.

8. 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 July 9, 2015, an appearance bond was executed as follows:

Defendant:	John William Arrington
Case Number(s):	CM-2015-820
City/County:	Comanche County
Surety:	American Contractors Indemnity Co.
Bondsman:	Timothy Pearson
Power Number(s):	A7-2287710
Bond Amount(s):	\$1,000.00

2. On August 19, 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 August 18, 2015 by the Comanche County Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents on August 19, 2015 with return receipt requested.

3. Pearson received a copy of the Order and Judgment of Forfeiture on August 22, 2015.

4. ACIC received a copy of the Order and Judgment of Forfeiture on August 24, 2015.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was November 21, 2015.

6. On November 17, 2015 the Court entered an Order to Stay Payment of the forfeiture until February 17, 2016.

7. On February 16, 2016 the Court entered an Order to Stay Payment of the forfeiture until April 16, 2016.

8. On April 14, 2016 the Court entered an Order to Stay Payment of the forfeiture until July 16, 2016.

9. On July 13, 2016 the Court entered an Order to Stay Payment of the forfeiture until October 13, 2016.

10. 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 Pearson and ACIC are each **FINED One Thousand Dollars (\$1,000.00)**. 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 56th St., Suite 100, Oklahoma City, Oklahoma 73112. If the fines are not paid within thirty (30) days, Pearson's 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 Comanche County District 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 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 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 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 20th day of October, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA


Sara A. Worten
Assistant General Counsel
3625 NW 56th 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 24th day of October 2016, to:

Timothy Pearson
P.O. Box 2982
Lawton, OK 73502-2982

CERTIFIED MAIL NO. 7016 0910 0000 5833 3653

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

CERTIFIED MAIL NO. 7016 0910 0000 5833 3660

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sara A. Worten
Assistant General Counsel

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
 \$ _____

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Street and Apt. No., or PO Box

City, State, ZIP+4®



American Contractors Indemnity Company
 601 S. Figueroa Street, Suite 1600
 Los Angeles, CA 90017-5721
16-0982-DIS/SAW(mt)
 (Cond. Adm. Ord. & Notice ~10-24-16)

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

7016 0910 0000 5833 3660

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 JS <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> American Contractors Indemnity Company 601 S. Figueroa Street, Suite 1600 Los Angeles, CA 90017-5721 16-0982-DIS/SAW(mt) (Cond. Adm. Ord. & Notice ~10-24-16) </div> <p>9590 9402 1900 6104 4168 66</p>	<p>B. Received by (Printed Name) J Sepulveda</p> <p>C. Date of Delivery 10/27/16</p>																	
	<p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT NOV 01 2016 Legal Division</p>																	
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 3660</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)	
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Street and Apt. No., or PO Box
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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 envelope or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tim Pearson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Timothy Pearson P.O. Box 2982 Lawton, OK 73502-2982 16-0982-DIS/SAW(mt) (Cond.Adm.Ord. & Notice ~10-24-16)</p>	<p>C. Date of Delivery 10/24/16</p>
<p>Barcode: 9590 9402 1900 6104 4168 59</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT Legal Division OCT 31 2016 USPS OCT 26 2016 LAWTON, OK 73501-9998</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 5833 3653</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 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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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