

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 *36 O.S. § 908*, the Insurance Commissioner may, if the Commissioner finds that any person or organization has violated the provisions of any statute for which the Commissioner has jurisdiction, impose a penalty of not less than One Hundred Dollars (\$100.00) nor more than Five Thousand Dollars (\$5,000.00) for each such violation. Such penalties may be in addition to any other penalty provided by law.

7. 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.

8. 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.

9. 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 October 5, 2015, an appearance bond was executed as follows:

Defendant:	Bridgette Latrese Berry
Case Number(s):	CM-2015-239
City/County:	Comanche County
Surety:	American Contractors Indemnity Co.
Bondsman:	Timothy Pearson
Power Number(s):	A5-2228924
Bond Amount(s):	\$1,500.00

2. On February 25, 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 March 2, 2016, by the Comanche County Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents on March 2, 2016, with return receipt requested.
3. Pearson received a copy of the Order and Judgment of Forfeiture on March 5, 2016.
4. ACIC received a copy of the Order and Judgment of Forfeiture on March 7, 2016.
5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was June 6, 2016.
6. On May 26, 2016, the Court entered an Order to Stay Payment of the forfeiture until August 26, 2016.
7. On August 25, 2016, the Court entered an Order to Stay Payment of the forfeiture until October 26, 2016.
8. The bond forfeiture was paid on November 2, 2016, seven (7) days after the court entered as the deadline to either return the defendant to custody or pay the forfeiture. As of the date of the filing of this Conditional Administrative Order, 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 Five Hundred Dollars (\$1,500.00). 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, 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 17th day of November, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

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 7th day of November 2016, to:

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

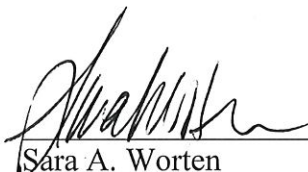
CERTIFIED MAIL NO. 7016 0910 0000 5833 4070

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

CERTIFIED MAIL NO. 7016 0910 0000 5833 4087

and a copy was delivered to:

Anna Denman
Bail Bonds Division



Sara A. Worten
Assistant General Counsel

7016 0910 0000 5833 4070

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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Timothy Pearson
P.O. Box 2982
Lawton, OK 73502-2982
16-1002-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-07-16)

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

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:

Timothy Pearson
P.O. Box 2982
Lawton, OK 73502-2982
16-1002-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice ~11-07-16)

NOV 15 2016
Legal Division

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

Barcode: 9590 9402 1900 6104 4150 36

2. Article Number (Transfer from service label)

7016 0910 0000 5833 4070

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

TIMOTHY PEARSON 11/15/16

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



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 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
 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 **American Contractors Indemnity Company**
 601 S. Figueroa Street, Suite 1600
 Los Angeles, CA 90017-5721
16-1002-DIS/SAW(mt)
 (Cond. Adm. Ord. & Notice ~11-07-16)

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 4087

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>B. Received by (Printed Name) Sepulveda C. Date of Delivery 11/10/16</p>
<p>1. Article Addressed to:</p> <p>OKLAHOMA INSURANCE DEPARTMENT</p> <p>American Contractors Indemnity Company 601 S. Figueroa Street, Suite 1600 Los Angeles, CA 90017-5721 16-1002-DIS/SAW(mt) (Cond. Adm. Ord. & Notice ~11-07-16)</p> <p>NOV 15 2016 Legal Division</p> <p>9590 9402 1900 6104 4150 50</p>	<p>2. Article Addressed to different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 5833 4087</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>