

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

**STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,**)
)
)
Petitioner,)
)
vs.)
)
**STEVEN SNYDER, formerly a licensed bail
bondsman in the State of Oklahoma,**)
)
and)
)
**ROBERTA AGUILAR, a multicounty agent
bail bondsman licensed in the State of
Oklahoma,**)
)
Respondents.)

Case No. 16-1049-DIS

FILED
DEC 09 2016
INSURANCE COMMISSIONER
OKLAHOMA

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel, Barron B. Brown, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and, as such, is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.

2. Respondent Steven Snyder (“Snyder”) was previously a licensed bail bondsman in the State of Oklahoma holding license number 199984. Snyder’s bail bonds license was revoked in a formal administrative hearing by order of Independent Hearing Examiner Stephan Mathis on or about October 27, 2016

3. Respondent Roberta Aguilar (“Aguilar”) is a licensed multicounty agent

bondsman in the State of Oklahoma holding license number 199461.

4. 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 of a violation.

ALLEGATIONS OF FACT

1. On or about June 28, 2016, an appearance bond was executed as follows:

Defendant:	Daniel Lee Alexander
Case Number(s):	CF-2016-3629
City/County:	Oklahoma County
Surety:	Roberta Aguilar
Bondsman:	Steven Snyder
Power Number(s):	ABB-16-33330
Bond Amount(s):	\$7,500.00

2. On July 18, 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 on July 28, 2016, by the Oklahoma County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture's Order's filing.

3. Snyder received a copy of the Order and Judgment of Forfeiture on August 3, 2016.

4. Aguilar received a copy of the Order and Judgment of Forfeiture on July 30, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was November 2, 2016.

6. The forfeiture was untimely paid on November 23, 2016.

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 Snyder and Aguilar are each **FINED Five Hundred Dollars (\$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. If Aguilar's fine is not paid within thirty (30) days, her license will be suspended and shall remain suspended until her fine is paid in full.

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 Oklahoma Insurance Code (36 O.S. §§ 101 et seq.), the Oklahoma Bail Bond Act (specifically- 59 O.S. §§ 1311-1311.1) and the Oklahoma Administrative Procedures Act (75 O.S. §§ 308a et seq.). 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 9th day of December, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

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 9th day of December, 2016, to:

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

CERTIFIED MAIL NO. 7016 0910 0000 5833 6784

Roberta Aguilar
121 N. Denver Ave.
Tulsa, Oklahoma 74103-1819

CERTIFIED MAIL NO. 7016 0910 0000 5833 6791

Barron B. Brown

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)	
<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	
\$	



7016 0910 0000 5833 6791

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

Roberta Aguilar
121 N. Denver Ave.
Tulsa, OK 74103-1819
sms/16-1049-DIS (BBB)/
Cond Ord

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:

Roberta Aguilar
121 N. Denver Ave.
Tulsa, OK 74103-1819
sms/16-1049-DIS (BBB)/
Cond Ord



9590 9402 1736 6074 9325 54

2. Article Number (Transfer from service label)

7016 0910 0000 5833 6791

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Perry Henderson C. Date of Delivery 12-12-16

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

OKLAHOMA INSURANCE DEPARTMENT

DEC 15 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 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

7016 0910 0000 5833 6784

U.S. Postal Service™
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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 \$ _____



Steven Snyder
809 N. Classen Blvd.
OKC, OK 73106-7223
sms/16-1049-DIS (BBB)/
Cond Ord

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9051 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:

Steven Snyder
809 N. Classen Blvd.
OKC, OK 73106-7223
sms/16-1049-DIS (BBB)/
Cond Ord

9590 9402 1736 6074 9325 47

2. Article Number (Transfer from service label)

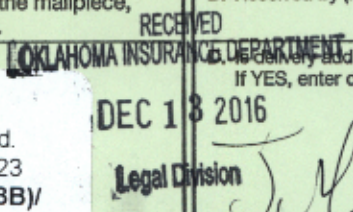
7016 0910 0000 5833 6784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie Spencer Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery 12/18/16



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

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