

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

FILED

MAR 30 2017

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
JACKIE HARDISON, a licensed bail)
bondsman in the State of Oklahoma,)
)
AND)
)
**INDIANA LUMBERMENS MUTUAL)
INSURANCE COMPANY,**)
an insurance company licensed to act as)
bail surety in the state of Oklahoma,)
)
Respondents.)

CASE NO. 16-1051-DIS

ADMINISTRATIVE ORDER

This matter is a proceeding under the Oklahoma Bail Bond Code, 59 O.S. §§ 1301 *et seq.*, the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and conducted pursuant the Oklahoma Administrative Procedures Act, 75 O.S. §§ 301 *et seq.*, whereby Respondent, Jackie Hardison (“Respondent Hardison”) is an Oklahoma licensed bail bondsman in the state of Oklahoma holding license number 199271 and Respondent Indiana Lumbermens Mutual Insurance Company (“Respondent Lumbermens”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 14265. The Oklahoma Insurance Department (“OID”) issued a Notice of Hearing and Order For Show Cause alleging violations of the provisions of Title 36 and Title 59 of the Oklahoma Statutes and setting this matter for hearing on February 23, 2017, at 9:30 a.m. at the office of the Oklahoma Insurance Department, 3625 N.W. 56th Street, Suite 100, Oklahoma City, Oklahoma.

On February 23, 2017, the above captioned case came on for hearing at OID

and testimony and evidence was received at that time. Oklahoma Insurance Commissioner John D. Doak appointed the undersigned independent Hearing Examiner, John D. Miller, to preside at the hearing as a quasi-judicial officer pursuant to 36 O.S. § 319 and 59 O.S. § 1311.1(B). The hearing was recorded electronically by employees of the Oklahoma Insurance Department ("OID"). Petitioner was represented by Senior Counsel Sandra G. LaVenue. Attorney Steve Money entered an appearance on behalf of both Respondents Hardison and Lumbermens and reported to OID Counsel via email that he would not be appearing at the hearing and that he did not request a continuance. Respondent Hardison appeared without counsel and announced that she was not aware that anyone had entered an appearance on her behalf and that she did not know Steve Money or retain him to represent her. Respondent Hardison further announced that she wished to proceed without counsel. No one appeared on behalf of Respondent Lumbermens. Testimony and evidence was heard before the undersigned Hearing Examiner including the admission of exhibits into evidence. Therefore, after consideration of the testimony and evidence presented, this independent Hearing Examiner issues his order of findings and conclusions of law.

FINDINGS OF FACT

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 and the Oklahoma Bail Bond Code.

2. The Insurance Commissioner, pursuant to 36 O.S. § 319 and 59 O.S. § 1311.1(B), appointed an independent Hearing Examiner and that Hearing Examiner has the jurisdiction to determine if there is evidence to support a finding by clear and

convincing evidence that Respondent's actions as alleged in the OID Notice of Hearing and Order for Show Cause issued on January 26, 2017, were established by the evidence and were in violation of the Oklahoma Bail Bond Code and/or the Oklahoma Insurance Code.

3. On March 28, 2016, Respondent Hardison executed an appearance bond in Rogers County as follows:

Defendant:	Christian E. Fonseca
Case Number(s):	CF-2016-314
City/County:	Rogers County
Surety:	Indiana Lumbermens Mutual Insurance Company
Bondsman:	Jackie Hardison
Power Number(s):	US5614517 US5614518 US1467653 US1467654
Bond Amount(s):	\$3,000.00 \$5,000.00 \$1,000.00 \$500.00

4. On May 9, 2016, the Defendant failed to appear and the court issued a bench warrant and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued and filed in the case on May 18, 2016, by the Rogers County Court Clerk. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent with return receipt requested within thirty (30) days after the Order's filing.

5. Respondent Hardison received a copy of the Order and Judgment of Forfeiture on May 19, 2016.

6. Respondent Lumbermens received a copy of the Order and Judgment of Forfeiture on June 6, 2016.

7. The defendant was not returned to custody in accordance with the provisions of 59 O.S. § 1332 and the bond forfeiture was not paid by the ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture which was August 18, 2016.

8. The Rogers County Court Clerk sent notice to OID on November 16, 2016, asserting that neither Respondent Hardison nor Respondent Lumbermens either returned the defendant to custody or paid the bond forfeiture by the ninety-first (91st) day.

CONCLUSIONS OF LAW

1. Respondent Hardison violated 59 O.S. 1310(A)(2) and (28), by failing to return the Defendant to custody within ninety (90) days 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 in accordance with the provisions of 59 O.S. § 1332 and OAC 365:25-5-40 and 365:25-5-41.

2. Respondent Hardison violated 59 O.S. 1310(A)(6), (9) and (28) by repeatedly failing to comply with Orders of Judgement & Forfeiture.

3. Respondent Lumbermens violated 36 O.S. § 619 by failing to comply with OAC 365:25-5-40 and 365:25-5-41(b)(2) and as also required by 59 O.S. § 1332, by failing to return the Defendant to custody within ninety (90) days 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 in accordance with the provisions of 59 O.S. § 1332 and OAC 365:25-5-40 and 365:25-5-41.

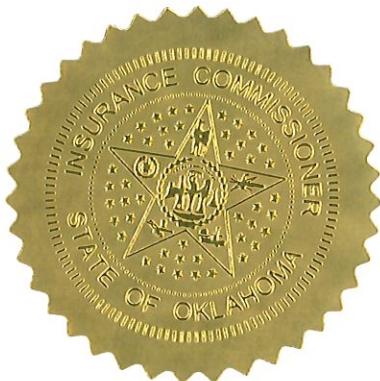
ORDER


IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that it has been established by clear and convincing evidence that Respondent Hardison violated 59 O.S. § 1310(A)(2), (6), (9), and (28) of the Oklahoma Bail Bond Code by failing to either return the defendant to custody within ninety (90) days of a bail bond forfeiture or pay the forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture in accordance with the provisions of 59 O.S. § 1332 and OAC 365:25-5-40 and 25-5-41, and as a result Hardison's bail bond license is hereby REVOKED.

IT IS FURTHER ORDERED that it has been established by clear and convincing evidence that Respondent Indiana Lumbermens Mutual Insurance Company violated 36 O.S. § 619 by failing to comply with OAC 365:25-5-40 and 365:25-5-41(b)(2) and as also required by 59 O.S. § 1332 and as a result Respondent Lumbermens is FINED in the amount of FIVE THOUSAND DOLLARS (\$5,000.00). The fine is to be paid within thirty (30) days of receipt of this order.

IT IS FURTHER ORDERED that Respondent Lumbermens, is assessed the costs of this matter in the amount of ONE HUNDRED AND FORTY DOLLARS (\$140.00) to be paid to the Oklahoma Insurance Department within thirty (30) days of receipt of this order.

WITNESS My Hand and Official Seal this 27th day of March, 2017.





JOHN D. MILLER, OBA # 6213
INDEPENDENT HEARING EXAMINER
OKLAHOMA INSURANCE DEPARTMENT

CERTIFICATE OF MAILING

I, Sandra G. LaVenue, hereby certify that a true and correct copy of the above and foregoing Administrative Order was mailed certified, return receipt requested on this 30th day of March, 2017, to:

Jackie Hardison
32801 S. 630 RD.
Jay, OK 74346

CERTIFIED MAIL NO. 7016 0910 0000 8401 1525

Indiana Lumbermens Mutual Insurance Company
2005 Market St. Ste 1200
Philadelphia, PA 19103-7008

CERTIFIED MAIL NO. 7016 0910 0000 8401 1532

Stephen R. Money
430 Court Street
Muskogee, OK 74401

CERTIFIED MAIL NO. 7016 0910 0000 8401 1549

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division


Sandra LaVenue
Senior Counsel

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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. No., or PO Box No. _____

City, State, ZIP+4® _____

Jackie Hardison
 32801 S. 630 Rd.
 Jay, Oklahoma 74346
sms/16-1051-DIS/Admin Ord

PS Form 3800, April 2015 PSN _____

7016 0910 0000 8401 1525

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 <i>Jackie Hardison</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brenda Ann</i> C. Date of Delivery <i>4-3-17</i></p>																
<p>1. Article addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Jackie Hardison 32801 S. 630 Rd. Jay, Oklahoma 74346 sms/16-1051-DIS/Admin Ord</p> </div>	<p><input type="checkbox"/> If delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>OKLAHOMA INSURANCE DEPARTMENT</p> <p>APR 06 2017</p> <p>Legal Division</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 8401 1525</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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<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

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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. No., or PO Box
 City, State, ZIP+4®

Stephen R. Money
430 Court Street
Muskogee, Oklahoma 74401
sms/16-1051-DIS/Admin Ord.

PS Form 3800, April 2015 PSN 7530-02-000-9053

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:

Stephen R. Money
430 Court Street
Muskogee, Oklahoma 74401
sms/16-1051-DIS/Admin Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **4-9-17**

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



2. Article Number (Transfer from service label)
7016 0910 0000 8401 1549

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
APR 06 2017
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 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)	

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

Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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

Street and Apt. No., or PO Box

City, State, ZIP+4®

Indiana Lumbermens Mutual IC
2005 Market St., Suite 1200
Philadelphia, PA 19103-7008
sms/16-1051-DIS/Admin Ord.



PS Form 3800, April 2015 PSN 7500-02-000-9053

SENDER: COMPLETE THIS SECTION

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Indiana Lumbermens Mutual IC
2005 Market St., Suite 1200
Philadelphia, PA 19103-7008
sms/16-1051-DIS/Admin Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

RECEIVED OKLAHOMA INSURANCE DEPARTMENT

APR 10 2017

Legal Division

2. Article Number (Transfer from service label)

7016 0910 0000 8401 1532

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

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