

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF 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. )

**FILED**  
 MAR 30 2017  
 INSURANCE COMMISSIONER  
 OKLAHOMA

CASE NO. 16-1131-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. 56<sup>th</sup> 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 19, 2017, were established by the evidence and were in violation of the Oklahoma Bail Bond Code and/or the Oklahoma Insurance Code.

3. On May 23, 2016, Respondent Hardison executed an appearance bond in Delaware County as follows:

Defendant:	Justin Dale Taylor
Case Number(s):	DF-2014-195
City/County:	Delaware County
Surety:	Indiana Lumbermens Mutual Insurance Company
Bondsman:	Jackie Hardison
Power Number(s):	US25 786873
Bond Amount(s):	\$16,000.00

4. On June 6, 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 June 9, 2016, by the Delaware 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 June 11, 2016.

6. Respondent Lumbermens received a copy of the Order and Judgment of Forfeiture on June 13, 2016.

7. Respondent Hardison obtained a ninety (90) day stay of the Order and Judgment of Forfeiture on September 6, 2016, thereby extending the ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture to December 5, 2016.

9. The defendant was neither returned to custody by December 4, 2016, nor the bond forfeiture paid by December 5, 2016, in accordance with the provisions of 59 O.S. § 1332.

10. The Delaware County Court Clerk sent notice to OID on December 19, 2016, asserting that neither Respondent Hardison nor Respondent Lumbermens either returned the defendant to custody or paid the bond forfeiture by the ninety-first (91<sup>st</sup>) 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 and 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 **SIXTY TWO DOLLARS AND FIFTY CENTS (\$62.50)** 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  
320801 S. 630 RD.  
Jay, OK. 74346

**CERTIFIED MAIL NO.** 7016 0910 0000 8401 1495

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

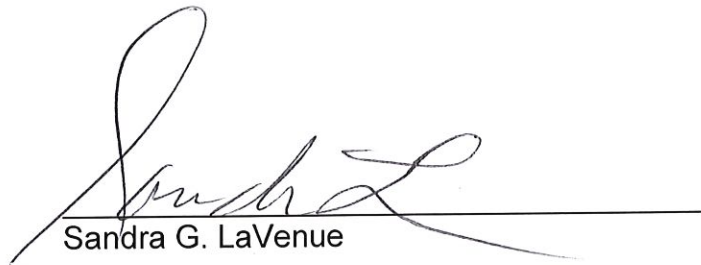
**CERTIFIED MAIL NO.** 7016 0910 0000 8401 1501

Stephen R. Money, OBA # 12145  
430 Court Street  
Muskogee, OK 74401

**CERTIFIED MAIL NO.** 7016 0910 0000 8401 1518

and a copy was delivered to:

Lewis Garrison  
Bail Bonds Division

  
Sandra G. LaVenue

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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® \_\_\_\_\_

Jackie Hardison  
 32801 S. 630 Rd.  
 Jay, Oklahoma 74346  
**sms/16-1131-DIS/Admin Ord**



PS Form 3800, April 2015 PSN 7530-02-000-9047

7016 0910 0000 8401 1495

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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>by Brenda Gunn</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: 5px;">                     Jackie Hardison                      32801 S. 630 Rd.                      Jay, Oklahoma 74346  <b>sms/16-1131-DIS/Admin Ord</b> </div> <p>9590 9402 1900 6104 3978 75</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>RECIPIENT'S, enter delivery address below:</p> <p><b>OKLAHOMA INSURANCE DEPARTMENT</b>  <b>APR 06 2017</b>  <b>Legal Division</b></p>
<p>2. Article Number (Transfer from service label)                  7016 0910 0000 8401 1495</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 checked="" 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 <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 No.  
 City, State, ZIP+4®

Indiana Lumbermens Mutual IC  
 2005 Market St., Suite 1200  
 Philadelphia, PA 19103-7008  
**sms/16-1131-DIS/Admin Ord**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See reverse for instructions

7016 0910 0000 8401 1501

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>4/4/17</i></p>
<p>1. Article Addressed to:</p> <p>Indiana Lumbermens Mutual IC                  2005 Market St., Suite 1200                  Philadelphia, PA 19103-7008  <b>sms/16-1131-DIS/Admin Ord</b></p> <p>9590 9402 1900 6104 3978 82</p>	<p>RECEIVED                  OKLAHOMA INSURANCE DEPARTMENT                  APR 10 2017                  Legal Division</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                  If yes, enter delivery address below: _____</p>
<p>2. Article Number (Transfer from service label)                  7016 0910 0000 8401 1501</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 <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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](http://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) **Stephen R. Money**  
**430 Court Street**  
**Muskogee, Oklahoma 74401**  
 City, State, ZIP+4® **sms/16-1131-DIS/Admin Ord**

PS Form 3800, April 2015 PSN 7530-02-000-9041

**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/16-1131-DIS/Admin Ord**



2. Article Number (Transfer from service label)  
**7016 0910 0000 8401 1518**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Stephen R. Money*  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **4-3-17**

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

**RECEIVED**  
**OKLAHOMA INSURANCE DEPARTMENT**  
**APR 06 2017**  
**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