

service of summons was achieved by serving Respondent Woodard on January 30, 2017, and Respondent Lumbermens on January 27, 2017, by certified mail return receipt requested.

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. Neither Respondent Woodard nor a representative for Respondent Lumbermens appeared at the hearing. Attorney Steve Money entered an appearance on behalf of both Respondents Woodard and Lumbermens on February 22, 2017 and reported at 10:16 p.m. that same evening to OID Counsel via email that he would not be appearing at the hearing due to a conflict and presumed that all of the Respondents would be in default. Additionally, Mr. Money requested that the Respondents be given additional time to pay whatever fines may be assessed and requested that fines be assessed in the amount of \$1250.00. This Hearing Examiner noted that Mr. Money did not request a continuance. 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 23, 2017, were established by the evidence and were in violation of the Oklahoma Bail Bond Code and/or the Oklahoma Insurance Code.

3. On February 27, 2016, Respondent Woodard executed an appearance bond in the Oklahoma County Court as follows:

Defendant:	Lena Rose Buffalo
Case Number(s):	CF-2016-6290
City/County:	Oklahoma County
Surety:	Indiana Lumbermens Mutual Insurance Company
Bondsman:	Jason Woodard
Power Number(s):	US15 760016
Bond Amount(s):	\$2,500.00

4. On August 29, 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 September 6, 2016, by the Oklahoma

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 Woodard received a copy of the Order and Judgment of Forfeiture on September 9, 2016.

6. Respondent Lumbermens received a copy of the Order and Judgment of Forfeiture on September 12, 2016.

7. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was December 9, 2016.

8. The defendant was neither returned to custody by December 8, 2016, nor the bond forfeiture paid by September December 9, 2016, in accordance with the provisions of 59 O.S. § 1332.

9. The Oklahoma County Court Clerk sent notice to OID on December 12, 2016, asserting that neither Respondent Woodard 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 Woodard 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 Woodard 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

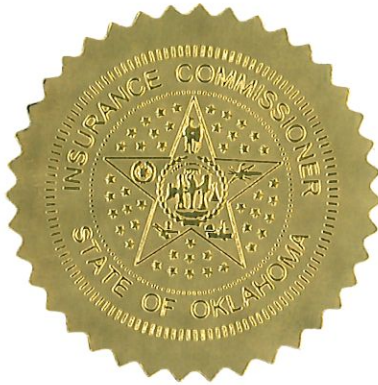
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that it has been established by clear and convincing evidence that Respondent Woodard violated 59 O.S. § 1310(A)(2), (6), (9), and (28) of the Oklahoma Bail Bond Code by failing to either return the defendant to custody within ninety (90) days of a bail bond 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 Respondent Woodard is FINED in the amount of ONE THOUSAND DOLLARS (\$1,000.00). The fine is to be paid within thirty (30) days of receipt of this Order.

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 FORTY DOLLARS (\$40.00) 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.



A handwritten signature in cursive script that reads "John D. Miller".

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:

Jason Woodard
P.O. Box 108
Oklahoma City, OK 73101-0108

CERTIFIED MAIL NO. 7016 0910 0000 8401 1464

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

CERTIFIED MAIL NO. 7016 0910 0000 8401 1471

Stephen R. Money
430 Court Street
Muskogee, OK 74401

CERTIFIED MAIL NO. 7016 0910 0000 8401 1488

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division


Sandra LaVenue
Senior Counsel

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

Street and Apt. No., or PO Box

City, State, ZIP+4®

PS Form 3800, April 2015 PSN



Jason Woodard
 P.O. Box 108
 OKC, Oklahoma 73101-0108
 sms/16-1133-DIS/Admin Ord

7016 0910 0000 8401 1464

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.

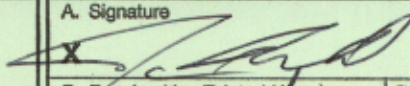
1. Article Addressed to:

Jason Woodard
 P.O. Box 108
 OKC, Oklahoma 73101-0108
 sms/16-1133-DIS/Admin Ord



2. Article Number (Transfer from service label)
 7016 0910 0000 8401 1464

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 J. Woodard

C. Date of Delivery
 4-4-17

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 APR 06 2017

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

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 \$ _____



Stephen R. Money
 430 Court Street
 Muskogee, Oklahoma 74401
sms/16-1133-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/16-1133-DIS/Admin Ord.



9590 9402 1900 6104 3978 68

2. Article Number (Transfer from service label)

7016 0910 0000 8401 1488

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

APR 6 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 Signature Confirmation 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 _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

Indiana Lumbermens Mutual IC
 2005 Market St., Suite 1200
 Philadelphia, PA 19103-7008
 sms/16-1133-DIS/Admin Ord.

7016 0910 0000 8401 1471

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4/4/17</u></p>
<p>1. Article Addressed to:</p> <p>Indiana Lumbermens Mutual IC 2005 Market St., Suite 1200 Philadelphia, PA 19103-7008 sms/16-1133-DIS/Admin Ord.</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 APR 10 2017 Legal Division</p>
<p>2. Article Number (Transfer from service label) 7016 0910 0000 8401 1471</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"/> Signature Confirmation Restricted Delivery (over \$500)</p>