

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.

5. Pursuant to 59 O.S. § 1332(D)(4)(a), when a forfeited bond is not paid by a surety by the ninety-first day after the court's forfeiture, 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.

6. Pursuant to 36 O.S. § 619, after opportunity for a hearing, the Insurance Commissioner may revoke or suspend an insurer's certificate of authority if the insurer violates any provision of the Insurance Code. Under 36 O.S. § 619(B), in addition to revocation or suspension of an insurer's certificate of authority, any insurer who knowingly and willfully violates the Code may be subject to a civil penalty of not more than Five Thousand Dollars (\$5,000.00) for each occurrence.

ALLEGATIONS OF FACT

7. On or about May 13, 2017, an appearance bond was executed as follows:

Defendant:	Victoria Sarver
Case Number(s):	CF-2013-3592
City/County:	Oklahoma County, Oklahoma
Surety:	Seneca Insurance Company
Bondsman:	Tina Lynette Ganther
Power Number(s):	S06-02525755
Bond Amount(s):	\$2,000.00

8. On February 13, 2017, 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 February 21, 2017, by the Oklahoma County District Court. A true and correct copy of the Order and Judgment of Forfeiture in CF-2013-3592 was mailed certified mail, return receipt requested, to Respondents' addresses of record with the Department on February 21, 2017.

9. Ganther failed to claim the Order and Judgment from her address of record with the Department.

10. Seneca Insurance Company, Inc. received the Order and Judgment of Forfeiture on February 27, 2017.

11. The ninety-first day after mailing of the Orders was May 30, 2017.

12. As of the date of the filing of this Conditional Administrative Order, the forfeiture has not been paid and the defendant has not been returned to custody.

ALLEGED VIOLATIONS OF LAW

1. Respondent Ganther has 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 mailing of the Order and Judgment of Forfeiture in case number CF-2013-3592.

2. Pursuant to *59 O.S. § 1310(B)*, any bondsman violating a provision of the Bail Bond Act, *59 O.S. §§ 1301-1340*, may be subject to a fine of not less than \$250 but not more than \$2,500 per violation.

3. Respondent Seneca Insurance has violated *36 O.S. § 619* by knowingly failing to comply with any lawful rule or order of the Insurance Commissioner. Specifically, Respondent Seneca Insurance knowingly violated *OAC 365:25-5-41(b)(2)* and *365:25-5-44* as well as *59*

O.S. § 1332.

ORDER

IT IS THEREFORE ORDERED that Ganther and Seneca are each FINED One Thousand and No/100 Dollars (\$1,000.00). The fines are to be paid within thirty (30) days of the date of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. Payment may be made by either cashier's check or money order and sent to the attention of Lisa M. Torneten, 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 of the date of issuance of this Order, Seneca's license will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Oklahoma County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) in Oklahoma County case number CF-2013-3592, *State v. Victoria Sarver*, within thirty (30) days of receipt of this Order. Pursuant to 59 O.S. § 1332(4)(a), failure to do so shall result in the CANCELLATION of Seneca's license privilege and authorization to do business within the State of Oklahoma and CANCELLATION of the surety appointment of all surety bondsman agents of Seneca.

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 Lisa M. Torneten, 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 5th day of July, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Lih".

Lisa M. Torneten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
Tel. (405) 522-6330
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 5th day of July, 2017, to:

Tina Ganther
8640 NE 33rd St., *F1 16*
Spencer, OK 73084

CERTIFIED MAIL NO. 7016 2140 0000 3510 *7201*

Seneca Insurance Company, Inc.
160 Water Street
NY, NY 10038

CERTIFIED MAIL NO. 7016 2140 0000 3510 7218

and a copy was delivered to:

Renonda Stogsdill
Bail Bonds Division



Lisa M. Torneten

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) \$ _____
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 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® _____

Seneca Insurance Company, Inc.
 160 Water Street, FL. 16
 NY, NY 10038
17-0471-DIS/LMT(mt)
(Cond. Adm. Ord. & Notice ~7-05-17)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7218 0125 3510 0000 2140 7016

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 _____</p>																	
<p>1. Article Addressed to:</p> <p>Seneca Insurance Company, Inc. 160 Water Street, FL. 16 NY, NY 10038 17-0471-DIS/LMT(mt) (Cond. Adm. Ord. & Notice ~7-05-17)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUL 17 2017 Legal Division</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2140 0000 3510 7218</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)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
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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



JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 5 Corporate Plaza
 3625 N.W. 56th St., Ste. 7100
 Oklahoma City, OK 73112-6511

CERTIFIED MAIL



7016 2140 0000 3510 7201

NEOPOST
 07/05/2017
 US POSTAGE **\$007.29⁰⁰**
 FIRST-CLASS MAIL
 ZIP 73112
 041M11276941



Tina Ganther
 8640 NE 33rd St.
 Spencer, OK 73084

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 AUG 01 2017
 Legal Division

2017 JUL 31 PM 11 24

Handwritten notes: 7/27/17, 7/14, and a circled number 1217.

MIKIE 731 DE 1 0007/27/17
 RETURN TO SENDER
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 Tina Gantner
 8640 NE 33rd St
 Spencer, OK 73084
 17-0471-DIS/LMT(mt)
 (Cond. Adm. Ord. & Notice -7-05-17)

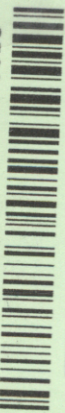
City, State, ZIP+4®
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PS Form 3811, July 2015 PSN 7530-02-000-9053
 7016 2140 0000 3510 7201

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:
 Tina Gantner
 8640 NE 33rd St
 Spencer, OK 73084
 17-0471-DIS/LMT(mt)
 (Cond. Adm. Ord. & Notice -7-05-17)



9590 9402 2617 6336 1437 07

2. Article Number (Transfer from service label)
 7016 2140 0000 3510 7201

COMPLETE THIS SECTION

A. Signature
X

B. Received by (Printed)
 RECEIVED BY address d
 RECEIVED BY address d

AUG 01 2017
 Legal Division

3. Service Type
 Adult Signature
 Adult Signature Restricted
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

See Reverse for Instructions
 Domestic Return Receipt



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 THE RETURN ADDRESS. FOLD AT DOTTED LINE