

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

FILED
OCT 12 2017
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.)
)
THAD MOODY, a licensed bail bondsman in the)
State of Oklahoma,)
)
AND)
)
RAYMOND MERRILL, a professional)
bail bondsman licensed in the state of Oklahoma,)
)
Respondents.)

CASE NO. 17-0694-DIS

**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, Sara A. Worten, 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. §§ 101-7401*, and the Oklahoma Bail Bond Act, *59 O. S. §§ 1301-1340*.
2. Respondent Thad Moody (“Moody”) is a licensed bail bondsman in the State of Oklahoma holding license number 199565.
3. Respondent, Raymond Merrill (“Merrill”), is a professional bail bondsman in the state of Oklahoma holding license number 199369.
4. The Insurance Commissioner has jurisdiction over the subject matter raised in this

dispute and may issue penalties pursuant to 59 O.S. §§ 1310 and 1332.

5. 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.

6. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 59 O.S. § 1311.1, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

7. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACT

8. On or about February 29, 2016, an appearance bond was executed as follows:

Defendant:	Walter David Phair
Case Number(s):	CM-2016-393
City/County:	LeFlore County
Surety:	Raymond Merrill
Bondsman:	Thad Moody
Power Number(s):	MB5 13827
Bond Amount(s):	\$2,000.00

9. On or about May 1, 2017, the Defendant failed to appear and the bonds were declared forfeited. An Order and Judgment of Forfeiture was issued and filed on May 3, 2017, by the LeFlore County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Moody and Merrill with return receipt requested within thirty (30) days

after the Order's filing.

10. Moody received a copy of the Order and Judgment of Forfeiture on May 4, 2017.

11. Merrill received a copy of the Order and Judgment of Forfeiture on May 4, 2017.

12. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture was August 3, 2017.

13. The forfeiture was untimely paid on August 28, 2017. The defendant was not timely returned to custody.

ALLEGED VIOLATIONS OF LAW

14. Respondent has 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*.

13. Respondent has violated *59 O.S. 1310(A)(6), (9) and (28)* by failing to comply with Order of Judgment & Forfeiture.

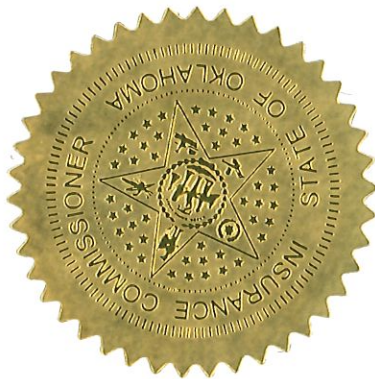
ORDER

IT IS THEREFORE ORDERED that Moody and Merrill are **each** FINED Five Hundred Dollars (\$500.00). 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. If the fines are not paid within thirty (30) days, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Moody or Merrill request a

hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of this Conditional Order, the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the date of mailing this Order. A request for hearing should be in writing and addressed to Sara Worten, 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 and shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, *36 O.S. §§ 101 et seq.*, and the Oklahoma Administrative Procedures Act, *75 O.S. §§ 250 through 324*. If either Moody or Merrill serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 12th day of October, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sara A. Worten
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
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 12th day of October 2017, to:

Thad Moody
201 S. Oak Street
Sallisaw, OK 74955-6209

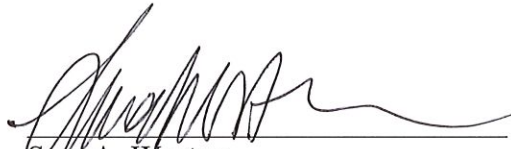
CERTIFIED MAIL NO. 7016 2140 0000 3511 1895

Raymond Merrill
104 N. Oak Street
Sallisaw, OK 74955-4638

CERTIFIED MAIL NO. 7016 2140 0000 3511 1901

and a copy was delivered to:

Lewis Garrison
Bail Bonds Division



Sara A. Worten
Assistant General 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

Raymond Merrill
 104 N. Oak Street
 Sallisaw, OK 74955-4638
 17-0694-DIS/SAW(mt)
 (Cond.Adm.Ord. & Notice ~10-12-17)

Street and Apt. No., or PO Box #

City, State, ZIP+4®

(Cond.Adm.Ord. & Notice ~10-12-17)

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

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.

Raymond Merrill
 104 N. Oak Street
 Sallisaw, OK 74955-4638
 17-0694-DIS/SAW(mt)
 (Cond.Adm.Ord. & Notice ~10-12-17)



2. Article Number (Transfer from service label)
 7016 2140 0000 3511 1901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Debra K. Waters Agent
 Addressee

B. Received by (Printed Name)
 DEBRA K. WATERS
 C. Date of Delivery
 OCT 16 2017

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

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 OCT 19 2017
 Legal Division
 MERRILL BONDING COMPANY

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

7016 2140 0000 3511 1901

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 Thad Moody
 201 S. Oak Street
 Sallisaw, OK 74955-6209
 17-0694-DIS/SAW(mt)
 (Cond.Adm.Ord. & Notice ~10-12-17)

Street and Apt. No., or PO Box /
 City, State, ZIP+4®



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

Thad Moody
 201 S. Oak Street
 Sallisaw, OK 74955-6209
 17-0694-DIS/SAW(mt)
 (Cond.Adm.Ord. & Notice ~10-12-17)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Chasidy Patton* Agent Addressee

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

OKLAHOMA INSURANCE DEPARTMENT
 Legal Division
 OCT 19 2017

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



2. Article Number (Transfer from service label)
 7016 2140 0000 3511 1895

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

7016 2140 0000 3511 1895