

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

DEC 22 2020

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)

Petitioner,)

vs.)

JESSICA SCHILLER, a licensed bail)
bondsman in the State of Oklahoma,)

Case No. 20-0615-DIS

AND)

KENNETH BYRON SELF, a multicounty)
agent bondsman licensed in the State of)
Oklahoma,)

Respondents.)

**CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE
HEARD**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through counsel, Kayla M. Rochelle, and alleges and states as follows:

JURISDICTION

1. Glen Mulready 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 Jessica Schiller (“Respondent Schiller”) is a licensed bail bondsman in the State of Oklahoma holding license #3000146109. Respondent Schiller’s address of record is P.O. Box 308, Wilburton, OK 74578.

3. Respondent Kenneth Byron Self (“Respondent Self”) is a multicounty agent bondsman in the State of Oklahoma holding license #199842. Respondent Self’s address of

record is 807 W. Lillie Blvd., Madill, Oklahoma 73446-2040.

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.

ALLEGATIONS OF FACT

5. On or about January 3, 2020, an appearance bond was executed as follows:

Defendant:	Victor Lopez, Jr.
Case Number(s):	CM-2017-00347
City/County:	Latimer County
Surety:	Byron Self
Bondsman:	Jessica Schiller
Power Number(s):	8586
Bond Amount(s):	\$1,000.00

6. On or about July 2, 2020, the Defendant failed to appear, and the bonds were declared forfeited. Orders and Judgments of Forfeiture were issued on or about July 10, 2020 by the Latimer County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent Schiller and Respondent Self with return receipt requested within thirty (30) days after the Order's filing.

7. On or about July 31, 2020, the Order and Judgment of Forfeiture mailed to Respondent Schiller's address of record was returned to the Latimer County District Court by the USPS and marked as "Unclaimed, Return to Sender."

8. Respondent Self received a copy of the Orders and Judgments of Forfeiture on or about July 16, 2020.

9. The ninety-first (91st) day after receipt of the Orders and Judgments of Forfeiture was October 15, 2020.

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

ALLEGED VIOLATIONS OF LAW

11. Respondents have violated *59 O.S. §§ 1310(A)(2) and (A)(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 Okla. Admin. Code §§ 365:25-5-40(b) and 365:25-5-41.

12. Respondents have violated *59 O.S. § 1310(A)(6), (A)(9) and (A)(28)* by failing to comply with the Order of Judgment & Forfeiture.

13. Respondent Schiller has violated *59 O.S. § 1310(A)(32)* by failing to accept or claim the certified mailing of the Order and Judgment of Forfeiture from the Latimer County Court Clerk that was addressed to Respondent's mailing address of record on file with the Oklahoma Insurance Department.

14. Pursuant to *59 O.S. § 1310(A)*, the Insurance Commissioner may deny, censure, suspend, revoke, or refuse to renew any license issued pursuant to the Oklahoma Bail Bond Act.

15. 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.

ORDER

IT IS THEREFORE ORDERED that Respondent Schiller is **FINED Five Hundred Dollars (\$500.00)** and Respondent Self **FINED Two Hundred Fifty Dollars (\$250.00)**. 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. The fines may be paid by check, cashier's check, or money order. If the fines are not paid **within thirty (30) days of the date of this Conditional Order**, Respondents' respective licenses 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 Latimer County Court Clerk in Latimer County case number CM-2017-00347, *State v Victor Lopez, Jr.* If the forfeiture is not paid within thirty (30) days of the date of this Conditional Order, the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond from Respondent Self's multi-county agent bail bondsman certificate of deposit and forward it to the Latimer County Court Clerk for payment of the bond forfeiture.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Respondent Schiller or Respondent Self requests 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 will become a **Final Order** on the thirty-first (31st) day following the date of mailing of this Order. A request for hearing should be in writing and addressed to Kayla M. Rochelle, Oklahoma Insurance Department, Legal Division, 400 NE 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set aside or modify this Conditional Order and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. Upon such request, a hearing shall be conducted before an independent hearing examiner.

The hearing will be conducted in accordance with the Oklahoma Bail Bond Act, 59 O.S. §§ 1301 et seq. and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.

If either Respondent Schiller or Respondent Self 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 21st day of December 2020.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

s/ Kayla M. Rochelle
Kayla M. Rochelle, OBA #34014
Assistant General Counsel
Oklahoma Insurance Department
400 NE 50th Street
Oklahoma City, OK 73105
Telephone: (405) 521-2746
Facsimile: (405) 522-0125
Email: Kayla.Rochelle@oid.ok.gov

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 certified mail, with postage prepaid and return receipt requested, and electronic mail on this 22nd day of December 2020, to:

Jessica Schiller
P.O. Box 308
Wilburton, OK 74578

CERTIFIED MAIL NO. 7020 0640 0000 7898 6416

Jessica Schiller
115 W Main St.
Wilburton, OK 74578

CERTIFIED MAIL NO. 7020 0640 0000 7898 6423

Jessbailbonds17@yahoo.com

Kenneth Byron Self
807 W. Lillie Blvd.
Madill, OK 73446-2040

CERTIFIED MAIL NO. 7020 0640 0000 7898 6430

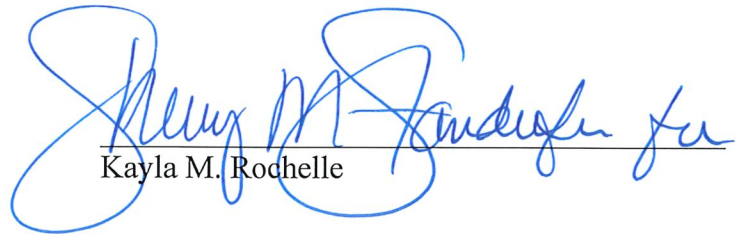
Kenneth Byron Self
101 ½ E. Main
Madill, OK 73446

CERTIFIED MAIL NO. 7020 0640 0000 7898 6447

thecashstation@sbcglobal.net

and a copy was delivered to:

Bail Bonds Division


Kayla M. Rochelle

CERTIFIED MAIL®



7020 0640 0000 7898 6416

OKLAHOMA
INSURANCE
DEPARTMENT



Legal Division
Insurance Commissioner Glen Mulready
400 N.E. 4th Street

7020 0640 0000 7898 6416

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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 _____

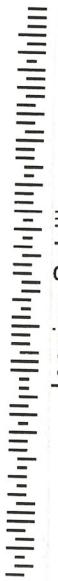


Jessica Schiller
P.O. Box 308
Wilburton, OK 74578
SMS/20-0615-DIS (KMR)/
Cond Ord

NEOPOST
12/22/2020
US POSTAGE \$007.60⁰²



ZIP 73105
041M11455007



Jessica Schiller
P.O. Box 308
Wilburton, OK 74578

12/21
12/21

731 DEC 17 00121C0001/11/21
RETURN TO SENDER
SCHILLER

BOX CLOSED
UNABLE TO FORWARD
RETURN TO SENDER
BC: 73105181600 *0657-05158-22-41

745780000 FWD
731051816

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Jessica Schiller
 P O Box 308
 Willburton, OK 74578
 S 20-0615-DIS (KMRJ)
 ConfOrd

9590 9402 6036 0069 9337 26

2. Article Number (Transfer from *scanned label*)

7020 0640 0000 7898 6416

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

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

JAN 19 2021
 Legal Division
 DEPARTMENT

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



OKLAHOMA INSURANCE DEPARTMENT

Legal Division
Insurance Commissioner Glen Mulready
400 NE 50th Street
Oklahoma City, OK 73105

RECEIVED
INSURANCE DEPARTMENT
JAN 01 2021

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	

Jessica Schiller
115 W. Main St.
Wilburton, OK 74578
SMS/20-0615-DIS (KMR)
Cond Ord



CERTIFIED MAIL®



7020 0640 0000 7898 6423

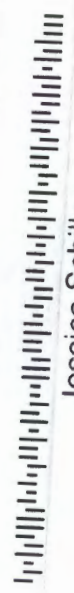
NEOPOST
12/22/2020

FIRST-CLASS MAIL
US POSTAGE \$007.60⁹



ZIP 73105
041M11455007

308



Jessica Schiller
115 W. Main St.
Wilburton, OK 74578

NIXIE 731 DE 1700 0101/05/21
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 73105181600 *0657-05168-22-41

7020 0640 0000 7898 6423

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Jessie Schiller
 115 Wilbur St.
 Wilbur, CA 94578
 SMS/20-06 15 (KMR)
 104



9590 9402 6036 0069 9337 33

2. Article Number (Transfer from service label)

7020 0640 0000 7898 6423

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

- Adult Signature Restricted Delivery
- Certified Mail®
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



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OFFICIAL

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 \$ _____



7020 0640 0000 7898 6430

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

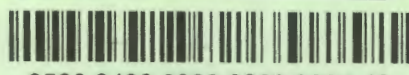
Kenneth Byron Self
 807 W. Lillie Blvd.
 Madill, OK 73446-2040
SMS/20-0615-DIS (KMR)
 Cond Ord

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:

Kenneth Byron Self
 807 W. Lillie Blvd.
 Madill, OK 73446-2040
SMS/20-0615-DIS (KMR)
 Cond Ord



9590 9402 6036 0069 9337 40

2. Article Number (Transfer from service label)

7020 0640 0000 7898 6430

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kenneth Byron Self Agent Addressee

B. Received by (Printed Name) *Kenneth Byron Self* C. Date of Delivery *1/4/21*

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

OKLAHOMA INSURANCE DEPARTMENT
 JAN 06 2021
 Legal Division

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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OFFICIAL USE

7020 0640 0000 7898 6447

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® _____

Kenneth Byron Self
101 1/2 E Main
Madill, OK 73446
SMS/20-0615-DIS (KMR)
Cond Ord

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

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"/> <i>Kenneth Byron Self</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name) RECEIVED BY <i>Kenneth Byron Self</i>	C. Date of Delivery 1/4/21
Kenneth Byron Self 101 1/2 E Main Madill, OK 73446 SMS/20-0615-DIS (KMR) Cond Ord	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
9590 9402 6036 0069 9337 57	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	
2. Article Number (Transfer from service label)	7020 0640 0000 7898 6447	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt	