

Surety:	Safety National Casualty Corporation
Bondsman:	Riccardo Moffett
Power Number(s):	S5-2018246
Bond Amount(s):	\$2,000

2. On September 6, 2011, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture was issued by the court on September 30, 2011 and filed in the case. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the forfeiture.

3. Moffett received a copy of the Order and Judgment of Forfeiture on October 5, 2011.

4. Safety National received a copy of the Order and Judgment of Forfeiture on October 4, 2011.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was January 4, 2012. Defendant was not returned to custody within ninety (90) days of receipt of the Order and Judgment of Forfeiture, nor was deposit in the face amount of the bail bond made to the court clerk on the ninety-first (91st) day.

6. The bond was paid on January 5, 2012.

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332 by failing to return the defendant 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. Any bail bondsman or bail surety violating any provision of the 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.” 59 O.S. § 1310(B).

ORDER

IT IS THEREFORE ORDERED that Riccardio Moffett and Safety National are each fined Two Hundred Fifty Dollars (\$250.00).

Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions described herein and any defenses thereto.**

If Respondents do not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 14 day of February, 2012.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA





Michael P. Copeland
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
Fax (405) 521-0125

CERTIFICATE OF SERVICE

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 certified, return receipt requested, on this 16th day of February, 2012, to:

Riccardo Moffett
P.O. Box 94396
Oklahoma City, OK 73143-4396

Safety National Casualty Corporation
1832 Schuetz Road
St. Louis, MO 63146-3540



Michael P. Copeland

7006 2760 0005 6605 5379

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Postage	\$	
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Total Postage		
Sent To: Safety National Casualty Corporation 1832 Schuetz Rd. St. Louis, MO 63146-3540 sms/12-0130-DIS/Cond. Ord.		
PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input type="checkbox"/> Agent X <i>Joe Bauer</i> <input type="checkbox"/> Addressee
	B. Received by (Print Name) Joe Bauer <input type="checkbox"/> Agent Date of Delivery FEB 21 2012
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Safety National Casualty Corporation 1832 Schuetz Rd. St. Louis, MO 63146-3540 sms/12-0130-DIS/Cond. Ord. </div>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below: <input type="checkbox"/> No RECEIVED OKLAHOMA INSURANCE DEPARTMENT FEB 24 2012
	E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 2760 0005 6605 5379
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

7006 2760 0005 6605 5362

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Postmark Here
FEB 10 2012
OKC OK 73109

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

Riccardo Moffett
P.O. Box 94396
OKC, OK 73143-4396
sms/12-0130-DIS/Cond. Ord.

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Riccardo Moffett</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>3/1/12</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Riccardo Moffett P.O. Box 94396 OKC, OK 73143-4396 sms/12-0130-DIS/Cond. Ord.</p> </div>	<p>OKLAHOMA INSURANCE DEPARTMENT</p> <p>MAR 02 2012</p> <p>Legal Division</p> <p>MAR - 1 2012</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2760 0005 6605 5362</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>