

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
FEB 04 2015
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
BRAD LASHLEY, a licensed bail bondsman in)
the State of Oklahoma,)
AND)
AMERICAN CONTRACTORS INDEMNITY)
COMPANY, an insurance company licensed to)
act as bail surety in the State of Oklahoma,)
Respondents.)

CASE NO. 15-0119-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 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. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
2. Respondent Brad Lashley (“Lashley”) is a licensed bail bondsman in the State of Oklahoma holding license number 40147164.
3. Respondent American Contractors Indemnity Company (“ACIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 10216.

FINDINGS OF FACT

1. On or about July 1, 2014, an appearance bond was executed as follows:

Defendant: Caroline Michaela Higgins
Case Number(s): CF-2014-4060
City/County: Oklahoma County Court Clerk
Insurer: American Contractors Indemnity Company
Bondsman: Brad Lashley
Power Number(s): A5-2225603
Bond Amount(s): \$3000

2. On October 1, 2014, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on October 7, 2014. 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 Order's filing.

3. Lashley's copy of the Order and Judgment of Forfeiture was received on October 8, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on October 10, 2014.

5. The ninetieth (90th) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, January 6, 2015.

6. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, January 7, 2015.

7. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

8. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

9. The bond was reported.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) 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.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company 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.

ORDER

IT IS THEREFORE ORDERED that Brad Lashley and American Contractors Indemnity Company are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

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) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of American Contractors Indemnity Company'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 American Contractors Indemnity Company.

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 Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents'**

actions alleged 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 4th day of February, 2015.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

[Handwritten signature]

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

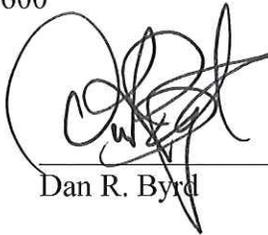
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 4th day of February, 2015, to:

Brad Lashley
1103 S. Air Depot Blvd.
Oklahoma City, OK 73110

**CERTIFIED MAIL NO:
7014 2870 0000 5493 3788**

American Contractors Indemnity Company
601 South Figueroa Street, Suite 1600
Los Angeles, CA 90017-5721

**CERTIFIED MAIL NO:
7014 2870 0000 5493 3795**



Dan R. Byrd

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Brad Lashley
1103 S. Air Depot Blvd.
Oklahoma City, OK 73110
15-0119-DIS/DRB(mt)
(Cond. Adm. Ord. ~2-4-15)

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT
FEB 12 2015
Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
2/10/15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 2870 0000 5493 3788

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

7014 2870 0000 5493 3795

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: American Contractors Indemnity Company
 601 South Figueroa Street, Suite 1600
 Los Angeles, CA 90017-5721
 15-0119-DIS/DRB(mt)
 (Cond. Adm. Ord. ~2-4-15)

Street & Apt. No., or PO Box No.
 City, State, ZIP+4



PS Form 3800, July 2014 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2-10-15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to: OKLAHOMA INSURANCE DEPARTMENT FEB 18 2015 Legal Section</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> American Contractors Indemnity Company 601 South Figueroa Street, Suite 1600 Los Angeles, CA 90017-5721 15-0119-DIS/DRB(mt) (Cond. Adm. Ord. ~2-4-15) </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label) 7014 2870 0000 5493 3795</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt