



Defendant: Jason Robert Hightower  
Case Number(s): CF-2014-4953  
City/County: Oklahoma County Court Clerk  
Insurer: American Contractors Indemnity Company  
Bondsman: Audry Conley  
Power Number(s): A7-2283121  
Bond Amount(s): \$5000

2. On September 11, 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 September 18, 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. Conley's copy of the Order and Judgment of Forfeiture was received on October 1, 2014.

4. ACIC's copy of the Order and Judgment of Forfeiture was received on September 22, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Tuesday, December 30, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, December 31, 2014.

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 Audrey Conley 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 56<sup>th</sup> 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 31<sup>st</sup> day following the receipt of the Order, and the fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 2<sup>nd</sup> day of February, 2015.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Dan R. Byrd", written over a horizontal line.

Dan R. Byrd  
Assistant General Counsel  
3625 NW 36<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

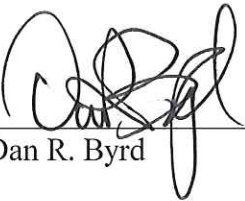
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 3<sup>rd</sup> day of February, 2015, to:

Audry Conley  
2101 Churchill PL  
The Village, OK 73120-4801

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3689**

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

**CERTIFIED MAIL NO:  
7014 2870 0000 5493 3696**

  
\_\_\_\_\_  
Dan R. Byrd



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7014 2870 0000 5493 3696

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fee</b>		
Sent To	American Contractors Indemnity Company	
Street & Apt. No., or PO Box No.	601 South Figueroa Street, Suite 1600 Los Angeles, CA 90017-5721	
City, State, ZIP+4	15-0112-DIS/DRB(mt) (Cond. Adm. Ord. ~2-3-15)	

PS Form 3800, July 2014

See Reverse for Instructions

**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: OKLAHOMA INSURANCE DEPARTMENT

FEB 18 2015

American Contractors Indemnity Company  
 601 South Figueroa Street, Suite 1600  
 Los Angeles, CA 90017-5721  
 15-0112-DIS/DRB(mt)  
 (Cond. Adm. Ord. ~2-3-15)

2. Article Number  
 (Transfer from service label)

7014 2870 0000 5493 3696

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 2-11-15

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

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

4. Restricted Delivery? (Extra Fee)  Yes

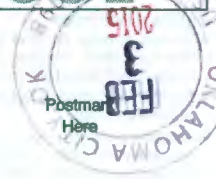
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

6993 6445 0000 0282 7014 2870 0000 5493 3889

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



Total Postage & Fees: **Audry Conley**  
 2101 Churchill Pl.  
 The Village, OK 73120-4801  
 15-0112-DIS/DRB(mt)  
 (Cond. Adm. Ord. ~2-3-15)

Sent To: \_\_\_\_\_  
 Street & Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, July 2014

See Reverse for Instructions

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Audry Conley  
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**COMPLETE THIS SECTION ON DELIVERY**

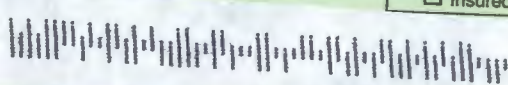
A. Signature: *Audry Conley*  Agent  Addressee  
 B. Received by (Printed Name): *Audry Conley*  
 C. Date of Delivery: *6 2015*

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

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

Fee)  Yes

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAR 11 2015  
 Legal Division



PS Form 3811, July 2013

Domestic Return Receipt