

received late, reminding her that monthly reports must be postmarked or stamped received by the fifteenth (15th) day of each month, and informing her that continued untimely filing could result in administrative action being taken against her. The Respondent received the letter on June 24, 2010. (Exhibit "B").

3. On November 22, 2010, the Department mailed a letter via certified mail with return receipt requested to the Respondent informing her that she had failed to file her October 2010 Monthly Surety Bondsman Report, which was due November 15, 2010. The letter was returned to the Department on January 14, 2011 marked "unclaimed" after two unsuccessful attempts at delivery. (Exhibit "C").

4. On November 23, 2010, the Department received the Respondent's October 2010 Monthly Surety Bondsman Report. The envelope in which the report was mailed was postmarked November 19, 2010. (Exhibit "D").

5. On December 20, 2010, the Department received the Respondent's November 2010 Monthly Surety Bondsman Report, which was due December 15, 2010. The envelope in which the report was mailed was postmarked December 17, 2010. (Exhibit "E").

6. On January 14, 2011, the Department mailed a letter via certified mail with return receipt requested to the Respondent informing her that her November 2010 Monthly Surety Bondsman Report was received late, reminding her that monthly reports must be postmarked or stamped received by the fifteenth (15th) day of each month, and informing her that continued untimely filing could result in administrative action being taken against her. The Respondent received the letter on January 18, 2011. (Exhibit "F").

CONCLUSIONS

The above described conduct of the Respondent is in violation of the Oklahoma Bail Bond Act and the Oklahoma Administrative Code. Section 1314 of the Oklahoma Bail Bond Act requires that every licensed bondsman file monthly reports by mail with return receipt requested. The monthly reports must be submitted to the Insurance Commissioner "within fifteen (15) days after the end of each preceding month pursuant to 59 O.S. § 1314." OKLA. ADMIN. CODE 365:25-5-36(a). "Monthly reports shall be postmarked or stamped "received" by the Insurance Commissioner by the fifteenth day of each month." OKLA. STAT. tit. 59 O.S., § 1314(B) (2009). "Bondsmen must submit a monthly report for each surety company with he/she is appointed, whether or not any bonds were written on that company during that month" OKLA. ADMIN. CODE 365:25-5-36(b)(1).

ORDER

IT IS THEREFORE ORDERED that the Respondent is CENSURED for the conduct described herein.

The Respondent is further notified that a hearing may be requested within 30 days of the receipt of this Order concerning this action and upon such request the Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Natasha M. Scott, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and shall state the basis for requesting the hearing.

If the Respondent does not request a hearing within the 30 days allotted this Order shall be a FINAL ORDER on the 31st day following the receipt of the Order.

WITNESS My Hand and Official Seal this 20th day of July, 2011.

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



A handwritten signature in black ink, appearing to read "Natasha M. Scott", written over a horizontal line.

Natasha M. Scott
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 Order was mailed certified, return receipt requested on this 1st day of July, 2011, to:

Kozetta Woolley
130 E. Eufaula
Norman, OK 73069

A handwritten signature in black ink, appearing to read "Natasha M. Scott", written over a horizontal line.

Natasha M. Scott

7008 1830 0003 9410 9755

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:

Kozetta Woolley
 130 E. Eufaula
 Norman, Ok 73069
 sms/11-0681-DIS/Cond. Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda Askins Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

LINDA ASKINS 7/22/11

D. Is delivery address different from item 1? Yes

Enter delivery address below: No

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

JUL 26 2011

Legal Division

3. Service Type

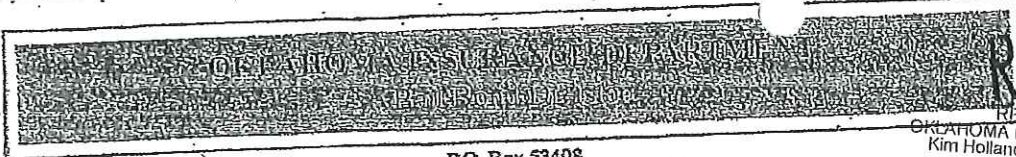
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from service label)

7008 1830 0003 9410 9755



RECEIVED LAT

P.O. Box 53408
Oklahoma City, Oklahoma 73152-3408
(405) 521-6610

RECEIVED
OKLAHOMA INSURANCE DEPT
Kim Holland, Commissioner

JUN 21 2010

PM 18
Ball Bond Division

MONTHLY SURETY BONDSMAN REPORT

For the month ending May 2010

Name: Kozetta Woolley License Number: 200172
Address: 130 E Eufaula Suite 1 Phone Number: 405-360-4443
NORMAN OK 73069 Resident County: _____

Other Counties License Filed In: _____
Managing General Agent Name: Dudley Goalsby
SURETY COMPANY: SAFETY NATIONAL
Agent's Liability by Contract: _____
Build Up Fund is Maintained & Located at: _____

1. Current Beginning Liability (Balance Brought Forward): \$ 10,329 ✓

2. New Bonds Written This Month:
County/Municipality _____ Amount \$ _____
_____ \$ _____
_____ \$ _____

2a. Total New Bonds Written: \$ _____

3. Bonds Discharged This Month:
County/Municipality _____ Amount \$ _____
_____ \$ _____
_____ \$ _____

3a. Total Bonds Discharged: \$ _____

4. Total Remaining Outstanding Liability (Line 1 + Line 2a - Line 3a) 10,329

5. Premium Charged _____

6. Total Liabilities Collateralized This Month _____

7. Balance in Build Up Fund Last Report _____

8. Contributions to Build Up Fund This Report _____

9. Total Balance in Build Up Fund _____

REVIEWAL FEE DUE:

If no rewrites, use page SR1, Line 2a x .002 -or-
If rewrite pages attached, use page RW, Line 4 x .002

Kozetta Woolley 6/14/10 Kozetta Woolley
Surety Bondsman's Signature Date Name of Person Preparing Report (print or type)

I, Kozetta Woolley surety bondsman, acknowledge that the attached report for the month and year of
MAY 2010 consisting of _____ pages, is true and accurate and reports all bonds written and discharged
during the/above month.

State of Oklahoma

County of _____

Signed and sworn before me this _____ day of June 2010 (Seal)

Notary Public



My Commission Expires _____

My Commission # _____

Enclosed Check # 0 in the amount of \$ 0

Yes No Rewrite pages attached.

SR1 (Rev 03/05)



Wolley
130 E. Eggers
Suite 101
Palmer OK
73069



Ok. Lms. Commission
Bail Bond Division
P.O. Box 33408
Oklahoma City OK

POSTAGE WILL BE PAID BY ADDRESSEE

73152



Kim Holland
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

June 23, 2010

KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
Norman OK 73069-6066

Via certified mail 7009 1410 0002 4677 1498

RE: Untimely Filing of Report
May 2010 Safety National Casualty Corporation

Dear KOZETTA PAULINE WOOLLEY:

The Oklahoma Insurance Department, Bail Bond Division, received the above report untimely. Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a notarized monthly report. Reports shall be postmarked or stamped received by the fifteenth day of each month.

Future untimely filing of your report may result in the matter being referred to our Legal Division with a request for disciplinary action. If you have any questions you may contact our office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Angela McCoy".

Angela McCoy
Bail Bond Division
(405) 521-6610

BBD/Report filed Late



U.S. Postal Service ^{5/10 SINCE LATE AM}
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7009 1410 0002 4677 1498

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

OFFICIAL USE
 BAIL BOND DEPARTMENT

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

Postman Here

WEST LUTHER KING STATION
 JUN 23 2010
 OK OK 731

Sent To

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

KOZETTA PAULINE WOOLLEY
 130 E Eufaula St Ste 1
 Norman OK 73069-6066

PS Form 3800, August 2006 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:

KOZETTA PAULINE WOOLLEY
 130 E Eufaula St Ste 1
 Norman OK 73069-6066

5/10 SINCE LATE AM

2. Article Number
 (Transfer from service label)

7009 1410 0002 4677 1498

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

Kozetta Pauline Woolley

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

NAVONDA WOOLLEY JUN 28 2010

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

RECEIVED
 OKLAHOMA INSURANCE DEPT
 Kim Holland, Commissioner

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

Domestic Return Receipt



2nd

Kim Holland
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

November 22, 2010

KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
Norman OK 73069-6066

Via certified mail 7010 1870 0001 8499 7961

RE: Failure to File Monthly Report(s)
10/10 Safety National Casualty Corporation

Dear KOZETTA PAULINE WOOLLEY:

The Oklahoma Insurance Department, Bail Bond Division, has not received the above report(s). Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner and on forms prescribed by the Commissioner a notarized monthly report.

DEADLINE TO RESPOND IS December 6, 2010. If there is no response by this date, this matter will be referred to our Legal Division with a request for disciplinary action.

If you have any questions you may contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Angela McCoy".

Angela McCoy
Bail Bond Division
(405) 521-6610

BBD/Report Failure to File



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CERTIFIED MAIL™ RECEIPT *AM*
(Domestic Mail Only; No Insurance Coverage Provided)

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

BAIL BOND DEPARTMENT

7010 1870 0001 8499 7961

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

NOV 30 2010
Postmark Here
NOV 23 2010
WARTIN LUTHE KING STATION
USPS OKC OK 73105

Sent To
Street, Apt. No.,
or PO Box No. KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
City, State, ZIP+4 Norman OK 73069-6066



KIM HOLLAND
Insurance Commissioner
 Oklahoma Insurance Department
 P.O. Box 53408
 Oklahoma City, OK 73152-3408

RECEIVED BY
 JAN 14 2011
 OKLAHOMA
 INSURANCE DEPARTMENT
 FINANCIAL DIVISION

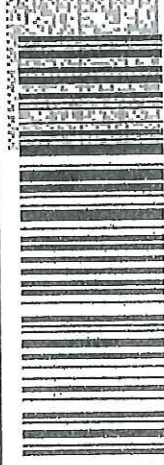
Handwritten: L/M
 1/24

KOZETTA PAULINE WOOLLEY
 130 E Eufaula St Ste 1
 Norman OK 73069-6066

Ball Bond Division

OKLAHOMA INSURANCE DEPARTMENT
 Kim Holland, Commissioner

CERTIFIED MAIL™



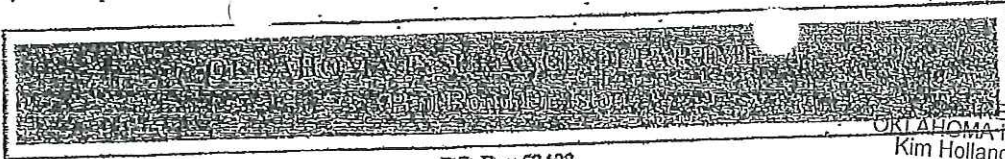
U.S. POSTAGE PITNEY BOWES
 ZIP 73112 \$005.54⁰
 02 1M
 0001363374 NOV 23 2010

1st NO. CE 11-24-10
 2nd NO. ICE 1-22-11
 DATE SENT 1-8-11

MAIL DEL. TO: OKLAHOMA
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

EC: 73152340808 *2457-02569-12-92

731523408



RECEIVED
OKLAHOMA INSURANCE DEPT.
Kim Holland, Commissioner

P.O. Box 53408
Oklahoma City, Oklahoma 73152-3408
(405) 521-6610

NOV 23 2010
PM 19
Bail Bond Division

MONTHLY SURETY BONDSMAN REPORT

For the month ending October, 2010

Name: Kozella Woolley License Number: 900172
Address: 130 E Eufaula Suite 1 Phone Number: 405-306-9026
NORMAN OK 73069 Resident County: Cleveland
Other Counties License Filed In: _____
Managing General Agent Name: Dudley Goolsby
SURETY COMPANY: Safety National
Agent's Liability by Contract: _____
Build Up Fund is Maintained & Located at: _____

RECEIVED LATE

- 1. Current Beginning Liability (Balance Brought Forward): \$ 5,329
- 2. New Bonds Written This Month:

County/Municipality	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
- 2a. Total New Bonds Written: \$ _____
- 3. Bonds Discharged This Month:

County/Municipality	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
- 3a. Total Bonds Discharged: \$ _____
- 4. Total Remaining Outstanding Liability (Line 1 + Line 2a - Line 3a) 5329
- 5. Premium Charged _____
- 6. Total Liabilities Collateralized This Month _____
- 7. Balance in Build Up Fund Last Report _____
- 8. Contributions to Build Up Fund This Report _____
- 9. Total Balance in Build Up Fund _____

REVIEWAL FEE DUE:
If no rewrites, use page SR1, Line 2a x .002 -or-
If rewrite pages attached, use page RW, Line 4 x .002

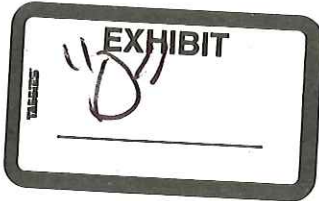
Kozella Woolley 11/16/10 Kozella Woolley
Surety Bondsman's Signature Date Name of Person Preparing Report (Print or Type)

I, Kozella Woolley, surety bondsman, acknowledge that the attached report for the month and year of Nov, 2010, consisting of 5 pages, is true and accurate and reports all bonds written and discharged during the above month.

State of Oklahoma

County of _____
Signed and sworn before me this 16 day of Nov, 2010
David Dunn (Seal)
Notary Public My Commission Expires 06/02/11

Enclosed Check # 0 in the amount of \$ 0
 Yes No Rewrite pages attached.
Commission # 06001407 Expires 02/02/11
SR1 (Rev 03/05)



RECEIVED
OKLAHOMA INSURANCE DEPT
Kim Holland, Commissioner

NOV 23 2010

Bail Bond Division

NOVEMBER 16, 2010

RECEIVED BY

NOV 23 2010

OKLAHOMA
INSURANCE DEPARTMENT
FINANCIAL DIVISION

ATTENTION: ANNA

RE: REPORT

I REALIZE THIS IS LATE AND ALL I CAN SAY IS I AM SORRY. I THOUGHT I HAD ALREADY TURNED IT IN AND WHEN I STARTED LOOKING FOR THE COPY AND COULD NOT FIND ONE I DECIDED I BETTER GET IT I N.

I ALSO REALIZE THERE COULD BE PENALTIES FOR THIS AND I AM PREPARED TO TAKE THE CONSEQUENCES.

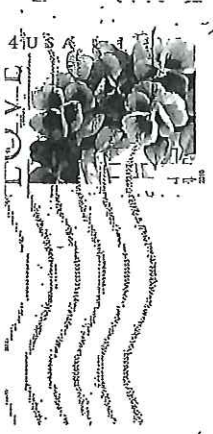
THANK YOU



KOZETTA WOOLLEY
200172

130 E. Española
Suite 1
Norman, OK 73069

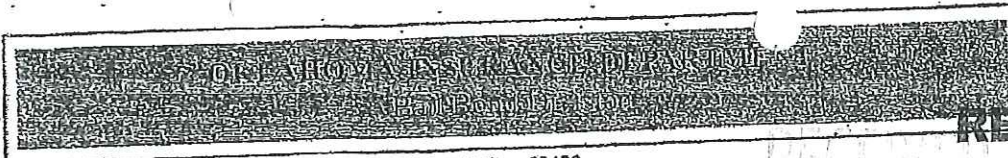
OKLAHOMA CITY, OK 73104
IS 404-2310 PRT 47



Oklahoma Insurance Commission
P.O. Box 53408
Oklahoma City, OK 73152

Norman
Attention Team

POSTNET



RECEIVED BY

P.O. Box 53408
Oklahoma City, Oklahoma 73152-3408
(405) 521-6610

DEC 20 2010

COPY

MONTHLY SURETY BONDSMAN REPORT

For the month ending November, 2010.

OKLAHOMA
INSURANCE DEPARTMENT
FINANCIAL DIVISION

Name: Kozetta Woolley License Number: 20072
Address: 130 E Eufaula Street 1 Phone Number: 405-960-4443
Norman OK 73069 Resident County: Cleveland

RECEIVED
OKLAHOMA INSURANCE DEPT
Kim Holland, Commissioner

Other Counties License Filed In: _____
Managing General Agent Name: Dudley Goolsby
SURETY COMPANY: Safety NATIONAL

DEC 20 2010

Agent's Liability by Contract: _____
Build Up Fund is Maintained & Located at: _____

PM 11
Bail Bond Division

1. Current Beginning Liability (Balance Brought Forward): \$ 5329 ✓

2. New Bonds Written This Month:
County/Municipality _____ Amount \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

2a. Total New Bonds Written: \$ _____

3. Bonds Discharged This Month:
County/Municipality _____ Amount \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

3a. Total Bonds Discharged: \$ 0

4. Total Remaining Outstanding Liability (Line 1 + Line 2a - Line 3a) \$ 5329

5. Premium Charged _____
6. Total Liabilities Collateralized This Month _____
7. Balance in Build Up Fund Last Report _____
8. Contributions to Build Up Fund This Report _____
9. Total Balance in Build Up Fund _____

REVIEWAL FEE DUE:
If no rewrites, use page SR1, Line 2a x .002 -or-
If rewrite pages attached, use page RW, Line 4 x .002

Kozetta Woolley 12/14/10 Kozetta Woolley
Surety Bondsman's Signature Date Name of Person Preparing Report (print or type)

I, Kozetta Woolley, surety bondsman, acknowledge that the attached report for the month and year of November, 2010, consisting of 3 pages, is true and accurate and reports all bonds written and discharged during the above month.

State of Oklahoma
County of _____
Signed and sworn before me this 14 day of Dec, 2010. (Seal)

My Commission Expires _____
My Commission # _____

RON PROUGH
Notary Public
State of Oklahoma
Commission # 03007615 Expires 06/02/11

Enclosed Check # D in the amount of \$ 0

Yes No Rewrite pages attached.



Wobley
P.O. Box 503
Blanchard, OK
73010

Attn
Bail Bond
Division

Okl. Insurance Commission
P.O. Box 53408
Oklahoma City, Ok
73152

OKLAHOMA CITY OK 730
17 DEC 2010 PM 6 T



POSTNET

73152

3rd



COPY

OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

January 14, 2011

KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
Norman OK 73069-6066

Via certified mail 7010 1870 0001 8499 7879

RE: Untimely Filing of Report
November 2010 Safety National Casualty Corporation

Dear KOZETTA PAULINE WOOLLEY:

The Oklahoma Insurance Department received the above report untimely. Pursuant to 59 O.S. §1314(B) and OAC 365:25-5-36, every licensed bondsman shall file monthly by mail with return receipt requested with the Insurance Commissioner, and on forms prescribed by the Commissioner a monthly report. Reports shall be postmarked or stamped received by the fifteenth day of each month.

Future untimely filing of your report may result in the matter being referred to our Legal Division with a request for disciplinary action. If you have any questions you may contact our office.

Sincerely,

Angela McCoy
Bail Financial Division
(405) 521-6610

BBD/Report filed Late



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 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICE OF BAIL BOND DEPARTMENT

7010 1870 0001 8499 7879

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

Sent To
 Street, Apt. or PO Box #
 City, State, ZIP+4®
BAIL BOND DIVISION
KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
Norman OK 73069-6066

PS Form 3800, August 2006 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:

KOZETTA PAULINE WOOLLEY
130 E Eufaula St Ste 1
Norman OK 73069-6066

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Kozetta Woolley Addressee

B. Received by (Printed Name) Agent
NAVONKA WOOLLEY Addressee

C. Date of Delivery
1-18-11

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

JAN 20 2011

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7010 1870 0001 8499 7879