

CONCLUSIONS OF LAW

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B) by failing to file a monthly report electronically with the Insurance Commissioner.

ORDER

IT IS THEREFORE ORDERED that Bryan L. Goodnight is fined Two Hundred Fifty Dollars (\$250.00).


Respondent is further notified that he 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 state the basis for requesting the hearing.

If Respondent does 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 fine ordered herein shall be due.

WITNESS My Hand and Official Seal this 11 day of January, 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 17th day of January, 2012, to:

Bryan L. Goodnight
1507 E Summerfield St.
Tahlequah, OK 74464-2111



Michael P. Copeland

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:

Bryan L. Goodnight
 1507 E Summerfield St
 Tahlequah, Ok 74464-2111
 sms/12-0002-DIS/Cond. Ord.

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JAN 24 2012
 Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bryan Goodnight

- Agent
- Addressee

B. Received by (Printed Name)

Bryan Goodnight

C. Date of Delivery

- Is delivery address different from item 1? Yes
- No

JAN 20 2012
 USPS-74464

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)

7001 0320 0004 4250 5759