

The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B), which states that “[e]very licensed bondsman shall file monthly electronically with the Insurance Commissioner” Any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500. 59 O.S. § 1310(B).

ORDER

IT IS THEREFORE ORDERED that Bryan Lee 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 7th 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

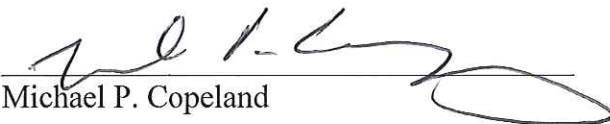
Tel. (405) 521-2746
Fax (405) 521-0125

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 26th day of January, 2012, to:

Bryan Lee Goodnight
1507 E Summerfield Street
Tahlequah, OK 74464-2111

**CERTIFIED MAIL NO:
7008 1830 0003 9411 8528**


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 Lee Goodnight
 1507 E. Summerfield Street
 Tahlequah, OK 74464-2111
 12-0055-DIS/MPC(mt)Con.Ad.Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Bryan Goodnight*

- Agent
 Addressee

B. Received by (Printed Name)

Bryan Goodnight

C. Date of Delivery

FEB 02 2012

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 9411 8528

PS Form 3811, February 2004

Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7008 1830 0003 9411 8528

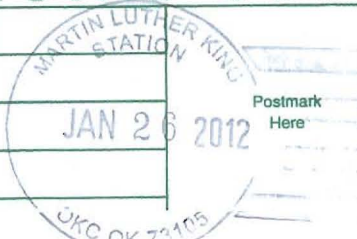
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage



Postmark Here

Bryan Lee Goodnight
 1507 E. Summerfield Street
 Tahlequah, OK 74464-2111

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+

12-0055-DIS/MPC(mt)Con.Ad.Ord.

PS Form 3800, August 2006

See Reverse for Instructions