

The report was due on January 15, 2013.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(22) for failing to file a report as required by 59 O.S. § 1314.

2. Respondent has violated 59 O.S. § 1314(B), which states that “monthly reports shall be submitted electronically to the Insurance Commissioner by the fifteenth day of each month.”

3. Pursuant to 59 O.S. § 1310(B), “any person violating any provision of Sections 1301 through 1340 of this title may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence.”

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 Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **shall give an explanation for Respondent’s actions alleged herein and any defenses thereto.**

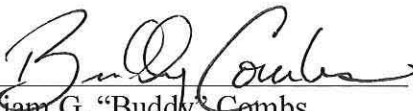
If Respondent does not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31st day following the receipt of the Order, and the fine

ordered herein shall be due

WITNESS My Hand and Official Seal this 1th day of February, 2013.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA




William G. "Buddy" Combs
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 521-2746
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 14th day of February, 2013, to:

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


Buddy Combs

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

7001 0320 0003 9967 2108

OFFICIAL USE

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



Sent To
 Bryan Goodnight
 1507 E. Summerfield St.
 Tahlequah, Ok 74464-2111
 sms/13-0131-DIS/Cond Ord.

PS Form 3800, January 2001 See Reverse for Instructions
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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 Goodnight
 1507 E. Summerfield St.
 Tahlequah, Ok 74464-2111
 sms/13-0131-DIS/Cond Ord.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

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

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

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

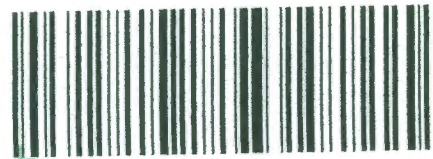
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0003 9967 2108

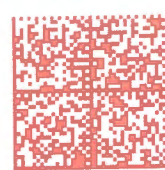


JOHN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Departmen
 5 Corporate Plaza
 3625 NW 56th Street, Suite 100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL



7001 0320 0003 9967 2108



U.S. POSTAGE >> PITNEY

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RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT

MAR 08 2013

Legal Division



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

NIXLE 731 DE 1 00 03/06/13

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 73112451125 *0357-10928-14-41

73112@4511

