



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 Debbie Hodge is FINED Two Hundred Fifty Dollars (\$250.00).**

Respondent is further notified that she 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, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., 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 31<sup>st</sup> day following the receipt of the Order.**

WITNESS My Hand and Official Seal this 30th day of January, 2014.



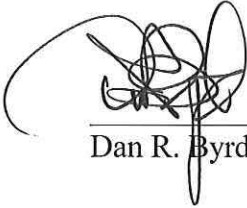
JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<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 30th day of January, 2014, to:

Debbie Hodge  
P.O. Box 725  
Okmulgee, OK 74447-0725



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Dan R. Byrd

7001 0320 0004 4249 1786

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

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	



Sent To  
 Debbie Hodge  
 P.O. Box 725  
 Okmulgee, OK 74447-0725  
 sms/14-0021-DIS/Cond Ord

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

**CERTIFIED MAIL**



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PS Form 3800, January 2007

3625 N.W. 56th St., Ste. #100  
Oklahoma City, OK 73112-4511

neopost  
01/30/2014  
**US POSTAGE \$006.98<sup>0</sup>**

FIRST-CLASS MAIL  
ZIP 73112  
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OKLAHOMA INSURANCE DEPARTMENT  
FEB 26 2014  
Legal Division

|||...|||  
 Debbie Hodge  
 P.O. Box 725  
 Okmulgee, OK 74447-0725

FEB - Y  
2/6  
2/18

NIXIE 731 DE 1700 0002/23/14  
 RETURN TO SENDER  
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73112@4511



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<b>Total Postage</b>	

Sent To: **Debbie Hodge**  
**P.O. Box 725**  
**Okmulgee, OK 74447-0725**  
**sms/14-0021-DIS/Cond Ord**

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

PS Form 3800, January 2007. See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

FEB 20 2014

Legal Division

### 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:

Debbie Hodge  
 P.O. Box 725  
 Okmulgee, OK 74447-0725  
 sms/14-0021-DIS/Cond Ord

2. Article Number (Transfer from service label)

7001 0320 0004 4249 1786

PS Form 3811, February 2004

### 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

Domestic Return Receipt 102596-02-M-1540