



3. Respondent submitted her November 2013 SNCC report to the Department on Tuesday, December 17, 2013 - 1 day after the report was due on Monday, December 16, 2013.

### CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(24) for failing to file a report as required by Section 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 Lesa Gail Woodard is CENSURED.**

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 30<sup>th</sup> 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:

Lesa Gail Woodard  
217 N. Harvey, Ste 413  
Oklahoma City, OK 73102-3802



Dan R. Byrd

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

7001 0320 0004 4249 1830

OFFICIAL



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**Total Postage:**

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 217 N. Harvey, Suite 413  
 OKC, OK 73102-3802  
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PS Form 3800, January 2001 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:

OKLAHOMA INSURANCE DEPARTMENT

Legal Division

**Lesla Gail Woodard**  
 217 N. Harvey, Suite 413  
 OKC, OK 73102-3802  
 sms/14-0025-DIS/Cond Ord

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Jason Woodard**

C. Date of Delivery: **2-3-14**

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

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 4249 1830**