

Oklahoma Insurance Department (“OID”) staff sends an E-mail to the bondsman advising of the license expiration date.

4. Respondent’s birth month is January. Accordingly, her license expired at midnight, January 31, 2014.

5. On February 14, 2014, Respondent renewed her license.

6. OID personnel conducts audits of late renewals to determine if bondsmen execute any bonds during periods they were not licensed. Investigation of bonds executed in the county and municipality in which Respondent operates revealed that, during the unlicensed period, Respondent executed three (3) appearance bonds. These bonds totaled \$34,000.00.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct and Respondent has violated 59 O.S. §§ 1303(A) and 1320(A), and Oklahoma Administrative Code 365:25-5-35(E) by executing bail bonds in Oklahoma without a valid Oklahoma bail bond license.

ORDER

IT IS THEREFORE ORDERED that Waynette Holder is hereby CENSURED and FINED \$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 56th St., Suite 100, Oklahoma City, Oklahoma 73112, and **provide an explanation of Respondent’s actions described 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.

WITNESS My Hand and Official Seal this 31st day of March, 2014.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

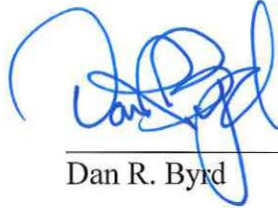
A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line.

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

I, Dan R. Byrd, 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 via certified mail with return receipt requested on this 31st day of March, 2014, to:

Waynette Holder
1810 McCabe Ln.
Wilburton, OK 74578-5022



Dan R. Byrd

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

7001 0320 0004 4248 4870

OFFICIAL USE

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

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

Waynette Holder
 1810 McCabe Ln
 Willburton, OK 74578-5022
 sms/14-0327-DIS/Cond Ord

PS Form 3800, January 2004



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>Waynette Holder</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Waynette Holder</i></p> <p>C. Date of Delivery 4-17-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>APR 22 2014 3644 SE 1009th Ave Legal Division</p>
<p>1. Article Addressed to:</p> <p>Waynette Holder 1810 McCabe Ln Willburton, OK 74578-5022 sms/14-0327-DIS/Cond Ord</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0004 4248 4870</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540