

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

4. Respondent’s birth month is January. Accordingly, her license expired at midnight, January 31, 2016.

5. On March 16, 2016, Respondent untimely 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 twenty-three (23) appearance bonds. These bonds totaled \$107,275.00.

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(d) by executing bail bonds in Oklahoma without a valid Oklahoma bail bond license.

ORDER

IT IS THEREFORE ORDERED that Cheryl Goodnight Hendrix is hereby **CENSURED** and **FINED** Five Hundred Dollars (\$500.00).

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 5th day of May, 2016.



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.

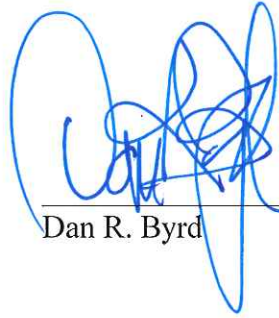
Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

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 5th day of May, 2016, to:

Cheryl Goodnight Hendrix
22880 E. 770 Rd.
Tahlequah, OK 74464

**CERTIFIED MAIL NO:
7015 3010 0001 4736 5443**



Dan R. Byrd

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

Cheryl Goodnight Hendrix
 22880 E. 770 Rd.
 Tahlequah, OK 74464
16-0456-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~5-05-16)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3010 0001 4736 5443

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. A

Cheryl Goodnight Hendrix
 22880 E. 770 Rd.
 Tahlequah, OK 74464
16-0456-DIS/DRB(mt)
(Cond. Adm. Ord. & Notice ~5-05-16)



9590 9403 0272 5155 0759 05

2. Article Number (Transfer from service label)

7015 3010 0001 4736 5443

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Cheryl Hendrix

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

Cheryl Hendrix

1. Delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt