

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED

FEB 04 2021

**STATE OF OKLAHOMA, ex rel. GLEN
MULREADY, Insurance Commissioner,**

**INSURANCE COMMISSIONER
OKLAHOMA**

Petitioner,

vs.

Case No. 20-0598-DIS

**KATYISHA SENAY HARRISON, a licensed
bail bondsman in the State of Oklahoma,**

AND

**KENNETH BYRON SELF, a multicounty
agent bondsman licensed in the State of
Oklahoma,**

Respondents.

**CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE
HEARD**

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through counsel, Kayla M. Rochelle, and alleges and states as follows:

JURISDICTION

1. Glen Mulready is the Insurance Commissioner of the State of Oklahoma and, as such, is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, *36 O.S. §§ 101-7401*, and the Oklahoma Bail Bond Act, *59 O. S. §§ 1301-1340*.

2. Respondent Katyisha Senay Harrison ("Respondent Harrison"), formerly Katyisha Senay Martin, is a licensed bail bondsman in the State of Oklahoma holding license #100177649. Respondent Harrison's address of record is 120 E. Carl Albert Pkwy Ste E, McAlester, OK 74501-5071.

3. Respondent Kenneth Byron Self ("Respondent Self") is a multicounty agent

bondsman in the State of Oklahoma holding license #199842. Respondent Self's address of record is 807 W. Lillie Blvd., Madill, Oklahoma 73446-2040.

4. The Insurance Commissioner has jurisdiction over the subject matter raised in this dispute and may issue penalties pursuant to *59 O.S. §§ 1310 and 1332*.

ALLEGATIONS OF FACT

5. On or about May 11, 2018, an appearance bond was executed as follows:

Defendant:	David Carlos Hale
Case Number(s):	CM-2008-00314
City/County:	Latimer County
Surety:	Byron Self
Bondsman:	Katyisha Martin
Power Number(s):	003776
Bond Amount(s):	\$500.00

6. On or about January 3, 2019, the Defendant failed to appear, and the bond was declared forfeited. An Order and Judgment of Forfeiture were issued on or about January 3, 2019 by the Latimer County District Court. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondent Harrison and Respondent Self with return receipt requested within thirty (30) days after the Order's filing.

7. On or about January 29, 2019, the Order and Judgment of Forfeiture mailed to Respondent Harrison's address of record was returned to the Latimer County District Court by the USPS and marked as "Unclaimed, Return to Sender."

8. Respondent Self received a copy of the Order and Judgment of Forfeiture on or about January 23, 2019.

9. On or about February 10, 2020, the District Court of Latimer County granted a Motion for a 90-Day Extension on Bond Forfeiture.

10. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture,

calculated in accordance with the above extension and the Third Emergency Joint Order Regarding the COVID-19 State of Disaster, SCAD No. 2020-36 issued by the Oklahoma Supreme Court on April 29, 2020, was August 15, 2020.

11. As of the date of this Conditional Order, the forfeiture has not been paid, and the Defendant has not been returned to custody.

ALLEGED VIOLATIONS OF LAW

12. Respondents have violated *59 O.S. §§ 1310(A)(2) and (A)(28)* by failing to return the Defendant to custody within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture in accordance with the provisions of *59 O.S. § 1332* and Okla. Admin. Code §§ 365:25-5-40(b) and 365:25-5-41.

13. Respondents have violated *59 O.S. § 1310(A)(6), (A)(9) and (A)(28)* by failing to comply with the Order and Judgment of Forfeiture.

14. Respondent Harrison has violated *59 O.S. § 1310(A)(32)* by failing to accept or claim the certified mailing of the Order and Judgment of Forfeiture from the Latimer County Court Clerk that was addressed to Respondent's mailing address of record on file with the Oklahoma Insurance Department.

15. Pursuant to *59 O.S. § 1310(A)*, the Insurance Commissioner may deny, censure, suspend, revoke, or refuse to renew any license issued pursuant to the Oklahoma Bail Bond Act.

16. Pursuant to *59 O.S. § 1310(B)*, in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act 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 that Respondent Harrison and Respondent Self are **each FINED Two Hundred Fifty Dollars (\$250.00)**. The fines are to be paid within **thirty (30) days of the date of this Conditional Administrative Order** and made payable to the Oklahoma Insurance Department. The fines may be paid by check, cashier's check, or money order. If the fines are not paid **within thirty (30) days of the date of this Conditional Order**, Respondents' respective licenses will be suspended and shall remain suspended until the fines are paid in full.

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Latimer County Court Clerk in Latimer County case number CM-2008-00314, *State v. David Carlos Hale*. If the forfeiture is not paid within thirty (30) days of the date of this Conditional Order, the Oklahoma Insurance Department is ordered to withdraw the face amount of the bond from Respondent Self's multi-county agent bail bondsman certificate of deposit and forward it to the Latimer County Court Clerk for payment of the bond forfeiture.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless either Respondent Harrison or Respondent Self requests a hearing with respect to the Allegations of Fact set forth above within **thirty (30) days of the date of mailing of this Conditional Order**, the penalties set forth above will become a **Final Order** on the thirty-first (31st) day following the date of mailing of this Order. A request for hearing should be in writing and addressed to Kayla M. Rochelle, Oklahoma Insurance Department, Legal Division, 400 NE 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set

aside or modify this Conditional Order and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. Upon such request, a hearing shall be conducted before an independent hearing examiner.

The hearing will be conducted in accordance with the Oklahoma Bail Bond Act, 59 O.S. §§ 1301 *et seq.* and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *et seq.* If either Respondent Harrison or Respondent Self serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a notice of the matters to be reviewed at the hearing and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 3rd day of February 2021.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

s/ Kayla M. Rochelle
Kayla M. Rochelle, OBA #34014
Assistant General Counsel
Oklahoma Insurance Department
400 NE 50th Street
Oklahoma City, OK 73105
Telephone: (405) 521-2746
Facsimile: (405) 522-0125
Email: Kayla.Rochelle@oid.ok.gov

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 by certified mail, with postage prepaid and return receipt requested, and electronic mail on this 4th day of February 2021 to:

Katyisha Senay Harrison
120 E. Carl Albert Pkwy
Ste E
McAlester, OK 74501-5071

CERTIFIED MAIL NO. 7020 2450 0000 1482 7844

Katyisha Senay Harrison
500 E. Creek Ave.
McAlester, OK 74501-6828

CERTIFIED MAIL NO. 7020 2450 0000 1482 7837

katyisha@gmail.com

Kenneth Byron Self
807 W. Lillie Blvd.
Madill, OK 73446-2040

CERTIFIED MAIL NO. 7020 2450 0000 1482 7905


Kenneth Byron Self
101 ½ E. Main
Madill, OK 73446

CERTIFIED MAIL NO. 7020 2450 0000 1482 7899

thecashstation@sbcglobal.net

and a copy was delivered to:

Bail Bonds Division


Sherry Standerfer

Sherry Standerfer

From: Microsoft Outlook
To: katyisha@gmail.com; thecashstation@sbcglobal.net
Sent: Sunday, February 7, 2021 5:50 PM
Subject: Relayed: St v. Katyisha Harrison & Byron Self/20-0598-DIS (86279)

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

katyisha@gmail.com (katyisha@gmail.com)

thecashstation@sbcglobal.net (thecashstation@sbcglobal.net)

Subject: St v. Katyisha Harrison & Byron Self/20-0598-DIS (86279)

7020 2450 0000 1482 7844

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®

Katyisha Senay Harrison
 120 E. Carol Albert Pkwy, Suite # E
 McAlester, OK 74501-5071
 SMS/20-0598-DIS (KMR)/Cond Ord

PS Form 3800, April 2015 PS

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. Article Addressed to:

Katyisha Senay Harrison
 120 E. Carol Albert Pkwy, Suite # E
 McAlester, OK 74501-5071
 SMS/20-0598-DIS (KMR)/Cond Ord

9590 9402 6216 0265 0195 87

2. Article Number (Transfer from service label)
 7020 2450 0000 1482 7844

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x CB C19 ☐ Agent
☐ Addressee

B. Received by (Printed Name)
 CB C19

C. Date of Delivery
 2-8-21

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

OKLAHOMA INSURANCE DEPARTMENT
 FEB 24 2021
 Legal Division

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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. Article Addressed to:

Kenneth Byron Self
807 W. Little Blvd.
Madill, OK 73446-2040
SMS/20-0598-DIS (KMR)/Cond Ord



9590 9402 6216 0265 0196 48

2. Article Number (Transfer from service label)

7020 2450 0000 1482 7905

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/16/21*D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

INSURANCE DEPARTMENT

FEB 19 2021

Legal Division

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☐ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Mail Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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. Article Addressed to:

Kenneth Byron Self
101 1/2 E. Main
Madill, OK 73446
SMS/20-0598-DIS (KMR)/Cond Ord



9590 9402 6216 0265 0196 31

2. Article Number (Transfer from service label)

7020 2450 0000 1482 7899

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/16/21*D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

OKLAHOMA INSURANCE DEPARTMENT

FEB 19 2021

Legal Division

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☐ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Mail Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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®

PS Form 3800, April 2015 PSN

Kenneth Byron Self
807 W. Little Blvd.
Madill, OK 73446-2040
SMS/20-0598-DIS (KMR)/Cond Ord

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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Certified Mail Fee

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- ☐ Return Receipt (hardcopy)
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- ☐ Adult Signature Required
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City, State, ZIP+4®

PS Form 3800, April 2015 PSN

Kenneth Byron Self
101 1/2 E. Main
Madill, OK 73446
SMS/20-0598-DIS (KMR)/Cond Ord



USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70202450000014827837

Remove X

Your item could not be delivered on February 24, 2021 at 10:22 am in MCALESTER, OK 74501. It was held for the required number of days and is being returned to the sender.

Unclaimed/Being Returned to Sender

February 24, 2021 at 10:22 am
MCALESTER, OK 74501

Get Updates ✓

Text & Email Updates

Tracking History

Product Information

7020 2450 0000 1482 7837

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)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box #	Katyisha Senay Harrison 500 E. Creek Ave. McAlester, OK 74501-6828 SMS/20-0598-DIS (KMR)/Cond Ord
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN	

Feedback

See Less ^

Can't find what you're looking for?

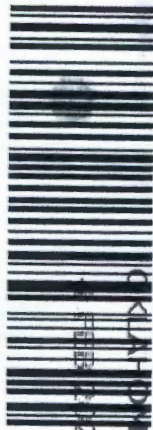
Go to our FAQs section to find answers to your tracking questions.



**OKLAHOMA
INSURANCE
DEPARTMENT**

Legal Division
Insurance Commissioner Glen Mulready
400 NE 50th Street
Oklahoma City, OK 73105

CERTIFIED MAIL



7020 2450 0000 1482 7837

OKLAHOMA CITY OK 73105

FIRST-CLASS MAIL

02/04/2021

US POSTAGE

\$007.65

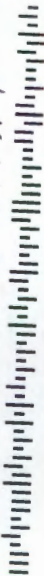


ZIP 73105
041M11455007

RECEIVED
OKLAHOMA INSURANCE DEPARTMENT

APR 28 2021

MAIL ROOM

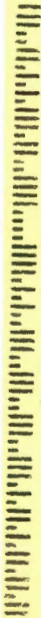


Katyisha Senay Harrison
500 E. Creek Ave.

McAlester, OK 74501-6828

-R-T-S- 745014254-IN 700 04/21/21

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



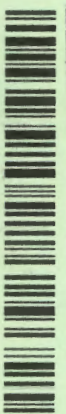
PLACE STICKER TOP OF ENVELOPE TO THE RIGHT

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.

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500 E. Creek Ave.
McAlester, OK 74501-6828
SMS/20-0598-DIS (KMR)/Cond Ord



9590 9402 6216 0265 0195 70

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7020 2450 0000 1482 7837

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If **RECEIVED** delivery address below:

APR 28 2021

Legal Division

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| Mail | |
| Mail Restricted Delivery | |

Domestic Return Receipt