



The allegations are found to be true and correct, and Respondent has violated 59 O.S. § 1314(B), which states that “[e]very licensed bondsman shall file monthly electronically with the Insurance Commissioner . . . .” Any person violating this provision may be subject to a civil penalty ranging from \$250 to \$2,500. 59 O.S. § 1310(B).

**ORDER**

**IT IS THEREFORE ORDERED that Kozetta P. Woolley 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 Michael P. Copeland, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> 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 and the fine ordered herein shall be due.**

WITNESS My Hand and Official Seal this 25<sup>th</sup> day of January, 2012.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Michael P. Copeland", written over a horizontal line.

Michael P. Copeland  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112

Tel. (405) 521-2746  
Fax (405) 521-0125

**CERTIFICATE OF SERVICE**

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 26<sup>th</sup> day of January, 2012, to:

Kozetta P. Woolley  
1221 N Classen Blvd.  
Oklahoma City, OK 73106

**CERTIFIED MAIL NO:  
7008 1830 0003 9411 8504**

  
\_\_\_\_\_  
Michael P. Copeland

**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:

Kozetta P. Woolley  
 1221 N. Classen Blvd.  
 Oklahoma City, OK 73106

12-0053-DIS/MPC(mt)Con. Adm. Ord.

2. Article Number

(Transfer from service label)

7008 1830 0003 9411 8504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *K. Bartlett*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Kim Bartlett* *1-30-12*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

OKLAHOMA INSURANCE DEPARTMENT

FEB 01 2012

3. Service Type *Legal Division*

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service™**  
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OFFICIAL USE

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


Postmark Here

Sent To: **Kozetta P. Woolley**  
 1221 N. Classen Blvd.  
 Oklahoma City, OK 73106

Street, Apt. No., or PO Box No.:  
 City, State, ZIP: **12-0053-DIS/MPC(mt)Con. Adm. Ord.**

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0003 9411 8504