



June 15, 2020

SENT VIA CERTIFIED MAIL AND FIRST-CLASS MAIL

Darius Wong
460 W. Madero Ave
Mesa, AZ 85210

7019 0700 0001 4782 9946

RE: Application for Insurance Producer License/Denial

This letter is to notify you that your application for licensure as a nonresident insurance producer in South Dakota has been denied. The reason for the denial is as follows:

You applied for an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on January 2, 2020. You answered "YES" to questions indicating that you have been arrested/convicted/plead guilty to a misdemeanor and a felony. However, you failed to provide all of the required documentation for your convictions.

Thus, the Division wrote to you on January 21, 2020 via email, asking you to provide the required documentation. You responded on January 24, 2020 but failed to provide the documentation requested. The Division wrote back to you via email on January 24, 2020 and advised you that you had not provided the requested documentation and informed you what documentation was needed. You replied on February 1, 2020 with the required documentation which showed that you were charged with second degree burglary in Arizona in 2014.

Based on the above information, your application is denied because you have been determined not to be in good standing under ARSD 20:06:01:03 and for violating SDCL58-30-167(1) for providing incorrect, misleading, incomplete, or materially untrue information in the license application; SDCL 58-30-167(2) violating the insurance laws or rules of South Dakota or any other state; and for violating 58-30-167(8) for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere.

Please note that this denial is considered an administrative action which will be reported to the database maintained by the National Association of Insurance Commissioners. If an administrative action occurs, an insurance producer may be required to report the action to all states in which an insurance license is held and in accordance with the timeframes and requirements of each state.

Pursuant to SDCL § 58-30-168, you may make a written request to the Division of Insurance within thirty (30) days of the date of this denial for a hearing to determine the reasonableness of this decision to deny your application for licensure.

Sincerely,

Maggie Dell
Assistant Director
South Dakota Division of Insurance
Department of Labor and Regulation

Cc: darius.wong1597@gmail.com & darius.wong.xlg8@statefarm.com

7019 0700 0001 4762 9946

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 \$	Postmark Here
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 No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	