



**SOUTH DAKOTA  
DEPT. OF LABOR  
& REGULATION**

February 19, 2019

Mark Jones  
145 Flora Springs  
Columbia, SC 29223

**DIVISION OF INSURANCE**

Tel: 605.773.3563 | Fax: 605.773.5369

[dlr.sd.gov/insurance](http://dlr.sd.gov/insurance)

**SENT VIA CERTIFIED MAIL**

7013 0600 0001 9742 4143

RE: Application for Insurance Producer License/Denial

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

You submitted an application for of an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on August 27, 2018. On your application you answered "YES" to having a child support order in arrearage and "YES" to having been convicted of a misdemeanor offense. However, you failed to include the required documentation required of said answers. Thus on September 18, 2018 the Division wrote to you via email and US mail asking you to provide the required documentation. On October 22, 2018, having failed to receive the documentation, the Division again wrote to you asking you to provide the required documentation needed to complete your application. You did respond on October 29, 2018, however, you failed to include proof that you were current on your child support payments. Thus on November 2, 2018 the Division again wrote to you, informing you that more information was still needed to complete your application. On November 21, 2018, having again failed to receive a response, the Division sent you a certified letter advising you that if the documentation was not received, your license would be denied. To date, the Division has not received the requested child support documentation or an explanation for your lack of communication with the Division.

Based on the above information, your application is denied based upon SDCL §§ 58-30-167(1) providing incorrect, misleading, incomplete, or materially untrue information in your license application.

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 any and 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,

Daniel R. Nelson, *Assistant Director*  
*South Dakota Division of Insurance*  
*Department of Labor and Regulation*

Page 1 of 1  
124 South Euclid Avenue, 2nd Floor

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7013 0600 0001 9742 4143

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions