



September 23, 2020

Sent FIRST CLASS and CERTIFIED MAIL

Richard A. Manzano
2650 McCormick Dr.
Suite 200-G
Clearwater, SC 33759

7015 1520 0003 3179 7973

Re: Application for South Dakota Nonresident Insurance Producer License

Dear Mr. Manzano,

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 an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on May 4, 2020. Your application indicated that you were never involved in an administrative action. However, the Division's investigation revealed you were subject to an administrative action by the State of Alabama Department of Insurance on August 31, 2000. The Division contacted you by mail at the address listed on your application, 2650 McCormick Dr. Suite 200-G, Clearwater, SC, 33759, on May 5, 2020 requesting information about this action. The Division also requested a written explanation as to why you provided incorrect, misleading, or material untrue information on your application. The Division also sent this correspondence to the email addresses provided in your application, richard.manzano@amerilifeagent.com and ramanzano99@gmail.com. You did not respond to the Division's letter or emails. The Division therefore again sent correspondence on June 5, 2020 but again received no response. The Division attempted to contact you by phone at 864-219-7390 on July 6, 2020 but received no response. A voice message was left advising you of the requested correspondence. To this day, the Division has not received a response.

Therefore, your application is denied based upon SDCL 58-30-167 (1), (2), (3) and (8) for providing incorrect, misleading and incomplete information in your application, violating the insurance laws or rules of another state, attempting to obtain a license through misrepresentation or fraud, and using dishonest practices and demonstrating untrustworthiness in this state and elsewhere.

Please note that this denial is considered an administrative action which will be reported to the data base 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.



SOUTH DAKOTA
DEPT. OF LABOR
& REGULATION

DIVISION OF INSURANCE

Tel: 605.773.3563 | Fax: 605.773.5369 | dlr.sd.gov/Insurance

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

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

CC: richard.manzano@amerilifeagent.com & ramanzano99@gmail.com

7015 1520 0003 3179 7973

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (<i>check box, add fee as appropriate</i>)	
<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	