



SOUTH DAKOTA  
DEPT. OF LABOR  
& REGULATION

DIVISION OF INSURANCE

Tel: 605.773.3563 | Fax: 605.773.5369

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

August 10, 2020

CERTIFIED MAIL & FIRST-CLASS MAIL

Jaimi Michelson  
1100 Diagonal Road #4  
Worthington, MN 56187

7015 1520 0003 3179 5887

RE: Application for Insurance Producer License

Dear Ms. Michelson,

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 submitted an application for an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on October 28, 2019. On your answers to the application questions, you answered "Yes" to the question concerning misdemeanor convictions. You failed to provide the required documentation with your application.


Due to the incomplete application, the Division wrote to you on November 1, 2019 via email to request a written explanation regarding incorrect, misleading, or incomplete information that was submitted with your application, a written statement explaining the circumstances of each incident, a copy of the charging document, and a copy of the official document that demonstrates the resolution of the charges or any final judgment. Having failed to receive a response from you, the Division wrote to you on December 19, 2019 via email making the same request. Having failed to receive a response from you, the Division wrote to you on February 26, 2020 via certified mail, regular mail, and email requesting a response from you. Having failed to receive a response from you, the Division contacted you on June 15, 2020 at the home number listed in your application and left a voicemail and sent a follow-up email requesting a response. To date, the Division has not received a response.

Based on the above information, your application is denied based upon SDCL §§ 58-30-167(1) for providing incorrect, misleading, incomplete, or materially untrue information in a 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 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  
South Dakota Department of Labor and Regulation

Cc: [jaimi.michelson77@gmail.com](mailto:jaimi.michelson77@gmail.com)

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://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 \$ \_\_\_\_\_

Postmark  
Here

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

7015 1520 0003 3179 5887