



DIVISION OF INSURANCE

Tel: 605.773.3563 | Fax: 605.773.5369

dlr.sd.gov/insurance

May 13, 2020

SENT VIA CERTIFIED MAIL & U.S. FIRST CLASS MAIL

Keith Niles
7162 Sweetwater Vly
Stone Mountain, GA 30087

7019 0700 0001 4782 9397

RE: Application for Insurance Producer License

Mr. Niles,

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

You submitted an application for an individual insurance producer license to the South Dakota Division of Insurance ("Division") on October 11, 2019. On your answer to the application questions concerning misdemeanors and felonies, you indicated "YES". From the documentation you provided, it appears you were convicted of misdemeanor assault and trespass, as well as felony statutory rape. Additional criminal documentation was obtained from you through the warehouse on more recent crimes. On the application question involving child support arrearages, you answered "NO", but documentation on the NIPR warehouse as uploaded by you shows you were behind on child support payments.

The Division attempted to contact you by mail and phone on several occasions to clarify the application and obtain additional documentation from you, as required. To date, there has been no response from you regarding your application.

Based on the above information in view of ARSD 20:06:01:03 and 20:06:01:04, your application is denied based upon SDCL § 58-30-167(1), (3), (8) and (13) for providing incorrect, misleading, incomplete, or materially untrue information in the license application, for obtaining or attempting to obtain a license through misrepresentation or fraud, for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere, and for failing to comply child support obligations.

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

Maggie Dell
Assistant Director, Producer Licensing
South Dakota Division of Insurance

CC: Keith Niles
236 Perimeter Center Pkwy NE
Dunwoody, GA 30346-1402

7019 0700 0001 4782 9397

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	