



September 15, 2020

SENT VIA CERTIFIED MAIL

Deirdre Williams
4040 Synott Rd. Apt. 1405
Houston, TX 77082

7015 1520 0003 3179 6013

RE: Application for Insurance Producer License

Dear Ms. Williams,

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 May 12, 2020. You answered "yes" to question 1B of the licensing application asking if you had ever been convicted of a felony. You also answered "NA" to question 1B1 asking if you have applied for written consent to engage in the business of insurance as required by 18 § USC 1033. You also answered "no" to question 2 of the licensing application asking if you had ever been involved in an administrative action. The Division discovered evidence that you have been convicted of a felony in Louisiana for Theft or Receipt of Stolen Mail. The Division also discovered you been the subject of administrative actions in Washington, Indiana and South Dakota, and have applied for written consent in Texas under 18 § USC 1033. Your insurance license was revoked in Washington for failing to report another state action and failing to respond to inquiries.

The Division wrote to you on May 13, 2020 asking why you provided incorrect, misleading, incomplete, or material untrue information on your license application. The May 13, 2020 letter also asked for documentation of your felony conviction and previous administrative actions, a written explanation why you answered "NA" to question 1B1 of your license application, and a written explanation why you believe a South Dakota non-resident producer application should be granted. The letter was sent back to the Division on May 26, 2020 as undeliverable to you at the mailing address you provided. The Division sent you a May 27, 2020 email containing the May 13, 2020 letter and received no response. On June 15, 2020, the Division sent another letter that was confirmed delivered to the residential address you provided and again did not receive a response. The Division sent a final letter on July 16, 2020 and attempted a phone call advising you to respond to the Division's prior correspondence but has not received a response.

Based on the above information, your application is denied under SDCL § 58-30-167(1), (2), (3), (6), (8), and (9) for providing incorrect, misleading, incomplete, or material untrue information in an insurance license application, violating another state's insurance laws, attempting to obtain a license through misrepresentation or fraud, having been convicted of a felony, demonstrating incompetence, dishonesty, or untrustworthiness in the conduct of business in this state or elsewhere, and for having your license suspended, revoked, or denied in another state.

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.



SOUTH DAKOTA
DEPT. OF LABOR
& REGULATION

DIVISION OF INSURANCE

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

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
Department of Labor and Regulation

7015 1520 0003 3179 6013
ET09 62TC E000 0251 5T02

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	