

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
Cause No.: 12944-AD14-0331-015

IN THE MATTER OF:)
)
NAVIGATOR CERTIFICATION)
APPLICATION OF:)
)
Marcus Laron Sanders,)
Applicant.)
5626 Regency Drive)
Indianapolis, IN 46224)

FILED

MAY 02 2014

STATE OF INDIANA
DEPT. OF INSURANCE

PRELIMINARY ADMINISTRATIVE ORDER
AND NOTICE OF LICENSE DENIAL

The Indiana Department of Insurance (the "Department"), pursuant to the Indiana Administrative Act, Indiana Code § 4-21.5-3 *et seq.* and Indiana Code § 27-19-4, hereby gives notice to Marcus Laron Sanders ("Applicant") of the following Administrative Order:

1. Applicant filed an application for certification with the Commissioner on February 25, 2014. Following a review of materials submitted by Applicant in support of his application, the Commissioner of the Indiana Department of Insurance, ("Commissioner"), being fully advised, now hereby notifies Applicant that the materials submitted indicate that he has not fully met the requirements of certification as stated by Indiana Code § 27-19-4-3. Specifically, Applicant was convicted of the following crimes: (1) a 2000 Class D Felony of Theft; (2) a 2002 Class C Felony of Forgery; (3) a 2002 Class D Felony of Theft; and (4) a 2002 Class D Felony of Theft. Additionally, he has failed to pay state income tax.

2. Should Applicant wish for the Commissioner to review this decision, Applicant must, within fifteen (15) days after receiving notice of this Order, file a written petition with the Commissioner. This petition must state facts demonstrating that Applicant:

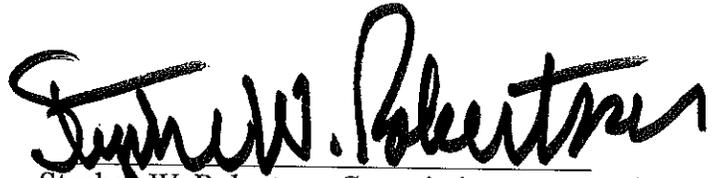
- (A) is a person to whom this order is specifically directed;
- (B) is aggrieved or adversely affected by this order; or

(C) is entitled to review under any law.

3. If a petition for review is granted, the Department shall assign the matter to an administrative law judge to conduct informal proceedings to settle the matter.

IT IS THEREFORE ORDERED that the Applicant's request for licensure is hereby DENIED pursuant to Indiana Code § 27-19-4-5.

5-2-14
Date Signed


Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Distribution:

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CERTIFIED MAIL RECEIPT: 9214 8901 0661 5400 0030 6724 33