

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 14631-AG15-1020-270

IN THE MATTER OF:)
)
Cledith Oakley,)
Respondent)
)
1317 Southwest Lake Ct)
Boynton Beach, FL 33426)
)
Type of Agency Action: Enforcement)
)
)
Indiana Insurance License No. 919682)

FILED

OCT 26 2015

STATE OF INDIANA
DEPT. OF INSURANCE

ADMINISTRATIVE ORDER
NOTICE OF NONRENEWAL OF LICENSE

The Indiana Department of Insurance, pursuant to Indiana Code § 4-21.5-1 *et seq.*, and Indiana Code § 27-1-15.6-12, hereby gives notice to Cledith Oakley, (“Respondent”) of the following Administrative Order:

1. Respondent, a nonresident of Indiana, is a licensed insurance producer, holding license number 919682 since November of 2013 (“Respondent’s license”).
2. Respondent’s license expires on February 29, 2016.
3. On or about October 07, 2015, the Enforcement Division discovered that Respondent’s resident producer license with the Florida Department of Financial Services was revoked on July 27, 2015.
4. Pursuant to Indiana Code § 27-1-15.6-12(b)(9) the commissioner may refuse to renew a producer’s license for having an insurance producer’s license or its equivalent, denied, suspended, or revoked in any other state, province, district or territory.

5. Indiana Code § 27-1-15.6-12(d) requires the Commissioner to notify a licensee of the reason for the nonrenewal of his license. This Order serves as that notice.

6. The Commissioner further notifies Respondent that, pursuant to Indiana Code § 27-1-15.6-12(d), Respondent may, within sixty three (63) days of receiving this Order, make a written demand upon the Commissioner for a hearing to determine the reasonableness of this action. Such a hearing shall be held within thirty (30) days from the date of receipt of Respondent's written demand.

WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **his license shall not be renewed.**

10/26/15

Date Signed



Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Certified Mail Receipt: 91 7190 0005 2720 0050 6297