

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

Cause No.: 14829-AD15-1209-056

IN THE MATTER OF: )  
 )  
NAVIGATOR CERTIFICATION )  
APPLICATION OF: )  
 )  
Audrey M. Salmon )  
707 S Mansfield Dr )  
Scottsburg, IN 47170 )

**FILED**  
DEC 18 2015  
STATE OF INDIANA  
DEPT. OF INSURANCE

**PRELIMINARY ADMINISTRATIVE ORDER  
AND NOTICE OF CERTIFICATION DENIAL**

The Indiana Department of Insurance, pursuant to the Indiana Administrative Act, Indiana Code §4-21.5-1 *et seq.* and Indiana Code §27-19-4, hereby gives notice to Audrey M. Salmon (“Applicant”) of the following Administrative Order:

1. Applicant filed an application for certification with the Commissioner of the Indiana Department of Insurance (“Commissioner”) on November 02, 2015.
2. Before approving an application, the Commissioner must find that the applicant has met specific requirements under Indiana Code §27-19-4-3 and Indiana Code §27-19-4-5.
3. Indiana Code §27-19-4-3 provides, in part, that if a person is a navigator, must not have been convicted of a felony or other crimes determined by the commissioner.
4. Following a review of materials submitted by Applicant in support of his application, the Commissioner being fully advised, now hereby notifies Applicant that she has not fully met the requirements of licensure as stated by Indiana Code §27-19-4-3(a)(8) for her January 08, 2015 conviction for Domestic Battery - Spouse, a Class A Misdemeanor.

5. 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
6. 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 certification is hereby DENIED pursuant to Indiana Code §27-19-4-5.

12-18-15

Date Signed



Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

Distribution:

Audrey M. Salmon  
707 S Mansfield Dr  
Scottsburg, IN 47170

Calla Dain, Insurance Investigator  
Indiana Department of Insurance  
311 W. Washington St., Suite 103  
Indianapolis, IN 46204  
317 234-8687, fax 317 234-2103

**Certified Mail Receipt: 91 7190 0005 2720 0053 0261**