

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8301-AG09-0601-130

IN THE MATTER OF:

Diana Wisdom  
Respondent

7303 Belmead Ct.  
Converse, TX 78109

License Number: 520178

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**FILED**

SEP 25 2009

STATE OF INDIANA  
DEPT. OF INSURANCE

**ADMINISTRATIVE ORDER**  
**NOTICE OF NONRENEWAL OF LICENSE**

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

1. Indiana Code § 27-1-15.6-12(b) provides that “The commissioner may levy a civil penalty, place an insurance producer on probation, suspend an insurance producer’s license, revoke and insurance producer’s license for a period of years, permanently revoke an insurance producer’s license, or refuse to issue or renew an insurance producer license, or take any combination of these actions, ...”.

2. Indiana Code § 27-1-15.6-12(d) provides that when the Commissioner refuses to renew a license, the Commissioner shall notify the Respondent, in writing, of the reasons for the nonrenewal.

3. Respondent Diana Wisdom is a resident of Texas holding a non-resident insurance producer license in Indiana, license number 520178.

4. Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code § 27-1-15.8 *et seq.* and is therefore bound by all requirements and restrictions contained therein.

5. Indiana Code § 27-1-15.8-4(c) requires licensed surplus lines producers to file a semi-annual tax report with the Department no later than the first of each fiscal quarter of each year.

6. Respondent was first notified of her violation via a Statement of Charges and Notice of Hearing sent on June 3, 2009 in regards to a violation of Indiana Code § 27-1-15.8-4(c) for the previous semi-annual tax report deadline.

7. On June 8, 2009, Respondent signed for a Certified letter containing the above mentioned Statement of Charges and Notice of Hearing (Exhibit A)

8. On July 13, 2009 the Department left a message on Respondent's voice mail requesting that Respondent get into contact with The Department in regards to their violation of Indiana Code § 27-1-15.8-4(c).

9. As of this date, the Department has not been able to get into contact with Respondent and Respondent is still in violation of Indiana Code § 27-1-15.8-4(c).


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

WHEREFORE, the Commissioner further notifies Respondent that pursuant to Indiana Code § 27-1-15.6-12(d), within sixty (60) days of receiving this Notice, Respondent may 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.

September 25, 2009  
Date Signed

Carol Cutter  
Carol Cutter  
Commissioner  
Indiana Department of Insurance

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) DANA BRU	C. Date of Delivery 6-8-04
1. Article addressed to:  Diana Wisdom 7303 Belmead Ct. Converse, Tx 78109	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (transfer from service label)	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	7005 3110 0002 4440 4351	

PS Form 3811, February 2004

Domestic Return Receipt

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Enforcement Division  
 Indiana Department of Insurance  
 311 W. Washington St. STE 300  
 Indianapolis, IN 46204

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**EXHIBIT**

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