

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8305-AG09-0601-126

IN THE MATTER OF:

Carla Colson
Respondent

1 Glenlake Pkwy. 11th Floor
Atlanta, GA 30328

License Number: 579848

FILED

SEP 01 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 Carla Colson, (“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 Carla Colson is a resident of Georgia holding a non-resident insurance producer license in Indiana, license number 579848.

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 his violation via a Statement of Charges and Notice of Hearing sent on June 1, 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 16, 2009 The Department received a signed certified mail receipt verifying that Respondent has received the Statement of Charges and Notice of Hearing. (Exhibit A)

8. After several attempts, The Department has been unable to contact Respondent via mail or by phone; however, correspondence has not been returned as "Undeliverable"

9. As of this date, 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 1, 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"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	A. Signature X. <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Carla Colson 1 Glenlake Pkwy. 11th floor Atlanta, GA 30328	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery JUN 08 2000
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" 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, GA 450-0-0	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	Domestic Return Receipt	7005 3110 0002 4440 4399

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LL
 8305

EXHIBIT

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