

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8300-AG09-0601-131

IN THE MATTER OF:

Michael Mayo  
Respondent

30032 Oak Ln.  
Silverado, CA 92676

License Number: 517986

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**FILED**

OCT 05 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 Michael Mayo, (“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 Michael Mayo is a resident of California holding a non-resident insurance producer license in Indiana, license number 517986.

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 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 22, 2009, the Department received a Certified Mail receipt from Respondent. (Exhibit A)

8. On July 14, 2009 the Department spoke with Respondent who requested an Agreed Entry ; however the Agreed Entry was never signed and returned to the Department.

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.

10/5/09  
Date Signed

Carol Cutter  
Carol Cutter  
Commissioner  
Indiana Department of Insurance

COMPLETE THIS SECTION

- Completions of 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.
- Address this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressator  
 Michael Mayo  
 P.O. Box 707  
 Silverado, CA 95074

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2. Article Number: 7005 3110 0002 4440 0056

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.  
 Restricted Delivery (Extra Fee)  Yes

4. Signature: *[Signature]*  Agent  
 Addressee  
 B. Received by (Print Name): Todd Martz  
 C. Date of Delivery: 6-19-2004  
 D. Is delivery address different from item 1?  Yes  No  
 If Yes, enter delivery address below:

PS Form 3811, February 2004  
 Domestic Return Receipt  
 102565-02-11-1540

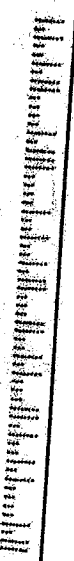
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EXHIBIT

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