

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
CAUSE NUMBER: 9009-AG10-0104-015

IN THE MATTER OF:

Phillip Leek)
Agent / Respondent)
)
1 Glenlake Pkwy. STE 1100)
Sandy Springs, GA 30328)
)
Type of Agency Action: Enforcement)
)
Indiana Insurance License No.:578002)

FILED

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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 Phillip Leek, (“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 Phillip Leek is a resident of Georgia holding a non-resident insurance producer license in Indiana, license number 578002.

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 January 15, 2010 in regards to a violation of Indiana Code § 27-1-15.8-4(c) for the previous semi-annual tax report deadline.

7. On January 19, 2010, Respondent signed for a Certified letter containing the above mentioned Statement of Charges and Notice of Hearing (Exhibit A)

8. On January 29, 2010 the Department called the numbers that were on file for Respondent and none of them were valid contact numbers for him.

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).

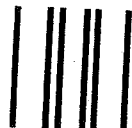
WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **Respondent's license shall not be renewed.**

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

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. 	<p>A. Signature <input checked="" type="checkbox"/> Age <input type="checkbox"/></p> <p><i>[Signature]</i> <input checked="" type="checkbox"/> Add <input type="checkbox"/></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p><i>Phillip Leek</i> <i>1 Menlake PKWY STE 1100</i> <i>Sandy Springs GA 30328</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>JAN 19 2010</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0002 4438 7500</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02

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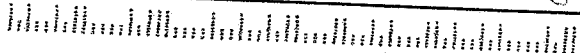


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EXHIBIT