

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NO. 9335-AG10-0511-096

IN THE MATTER OF:)

Marion Woodbury)
Agent / Respondent)

6785 Lisa Ln.)
Atlanta, GA 30338)

Type of Agency Action: Enforcement)

Indiana Insurance License No.: 526316)

FILED

AUG 20 2010

STATE OF INDIANA
DEPT. OF INSURANCE

MOTION TO VACATE NOTICE OF NONRENEWAL OF LICENSE

The Enforcement Division, by counsel, now moves that the Notice of Nonrenewal of License, filed on July 12, 2010, be vacated.

Respectfully requested,



Nikolas P. Mann
Attorney No. 26669-29

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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 Orders and Procedures Act, Indiana Code 4-21.5-1 et seq. and Indiana Code 27-1-15.6-12, hereby gives notice to Marion Woodbury, ("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 Marion Woodbury is a resident of Georgia holding non-resident insurance producer license number 526316.

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 May 13, 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 June 18, 2010, the Department received unclaimed Certified correspondence which includes the aforementioned Statement of Charges and Notice of Hearing (Exhibit A).

8. The Department has made attempts to contact Respondent by phone but has been unsuccessful.

9. As of this date, Respondent had failed to communicate with the Department and Respondent is still in violation of Indiana Code 27-1-15.8-4(c).

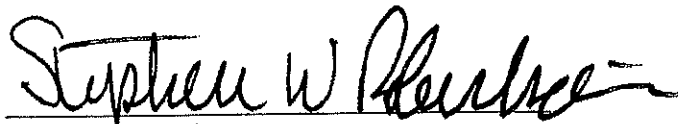
WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **Respondent's license shall not be renewed.**

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.

7/12/10

Date Signed



Stephen W. Robertson
Acting Commissioner/ Executive Director
Indiana Department of Insurance

01-6

US POSTAGE
Metred From 46222
\$05.71
95/14/2010

5554 6644 2000 017E 5002



FOR RETURN TO SENDER
IF DELIVERY IS UNsuccessful
PLEASE PRINT NAME AND ADDRESS
OF DEVELOPER TO RETURN TO

1001

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

MARION WOODBURY
6785 Lisa Ln.
Atlanta, GA 30338

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes
 No

2. Article Number

(Transfer from service label)

7005 3110 0002 4439 4553

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

