

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9725-AG10-1115-159

IN THE MATTER OF:)

Rhonda A. Davie)

Respondent)

2843 W. 52nd St.)
Indianapolis, IN 46228)

Type of Agency Action: Enforcement)

FILED

NOV 19 2010

STATE OF INDIANA
DEPT. OF INSURANCE

Indiana Resident Producer License No. 647892

ADMINISTRATIVE ORDER
NOTICE OF NONRENEWAL OF LICENSE

The Indiana Department of Insurance, pursuant to the Indiana Administrative Orders and Procedure Act, Indiana Code 4-21.5-1 et seq. and Indiana Code § 27-1-15.6-12, hereby gives notice to Rhonda A. Davie (“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 is a licensed resident insurance producer in the State of Indiana, holding license number 647892.

4. Respondent's license is due to expire on April 30, 2011.

5. Respondent was the subject of two (2) independent consumer complaints dated September 22, 2010 and September 28, 2010 respectively.

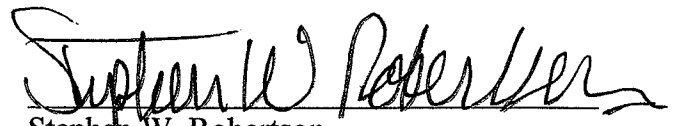
6. Respondent's license was suspended on October 15, 2010 (Exhibit A), pursuant to Indiana Code §27-1-15.6-12(d), due to a failure to respond to the Department's request for information regarding the September 28, 2010 complaint.

7. Respondent has failed or refused to accept certified letters from the Department regarding the September 28, 2010 complaint against her; Certified Mail # 7005 3110 0002 4439 5024 (Exhibit B) and Certified Mail # 7005 3110 0002 4439 9770 (Exhibit 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.

11/19/2010
Date Signed


Stephen W. Robertson
Commissioner
Indiana Department of Insurance

CERTIFIED MAIL NUMBER: 7005 3110 0002 4439 5475

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NO.: 9736-AG10-1014-149

IN THE MATTER OF:)

Rhonda Davie)
Respondent)

2843 W. 52nd St.)
Indianapolis, IN 46228)

License Number: 647892)

FILED

OCT 15 2011

STATE OF INDIANA
DEPT. OF INSURANCE

FINDINGS OF FACT AND SUSPENSION ORDER

WHEREAS, on September 29, 2010, the Commissioner of the Indiana Department of Insurance ("Commissioner") mailed Rhonda Davie ("Respondent") a certified letter requesting a list of appointments and a written response to a complaint received by the Department.

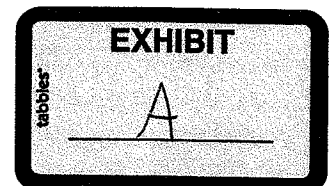
WHEREAS, on October 1, 2010, the certified mail receipt for article #7005 3110 0002 4439 9831, was returned signed by Respondent, indicating receipt of the Commissioner's request.

WHEREAS, Respondent has failed to provide a list of appointments within ten (10) days as requested by the Commissioner.

WHEREAS, Respondent's failure to provide said list constitutes a violation of IC 27-1-15.6-12(g).

WHEREAS, the Commissioner has the authority to issue an order suspending Respondent's license without a hearing pending receipt of said list of appointments pursuant to IC 27-1-15.6-12(g).

WHEREAS, the Commissioner shall set this matter for hearing upon request of Respondent pursuant to IC 4-21.5-4-4.



IT IS THEREFORE ORDERED BY THE COMMISSIONER that Respondent's license number 647892 is hereby suspended, effective immediately, and will remain suspended until Respondent submits the list of appointments and response requested by the Commissioner.

ALL OF WHICH IS ORDERED the 15th day of October, 20 10.

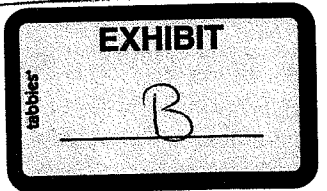


Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Copies to:

Rhonda Davie
2843 W. 52nd St.
Indianapolis, IN 46228

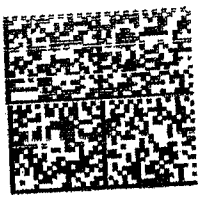
Laura Levenhagen- Attorney
Indiana Department of Insurance
311 West Washington St. #300
Indianapolis, IN 46204-2787



4620402287
4622222132 0032

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

US Mail



Receipts

RT 11/6
FV 10/5
WASC

4205 BEH 2000 DTE 5002

RHONDA ALESH DAVIE
2843 W 52ND ST
INDIANAPOLIS IN 46228-2132



INDIANA DEPARTMENT OF INSURANCE
311 W. WASHINGTON STREET, SUITE 300
INDIANAPOLIS, INDIANA 46204-2878

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:

Rhonda Davie
8413 W. 52nd St
Indianapolis, IN 46228

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from service #) 7005 3110 0002 4439 5024

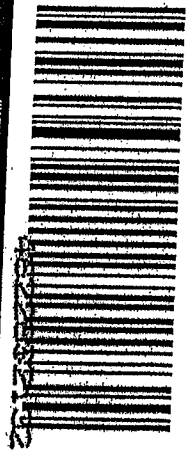
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1940

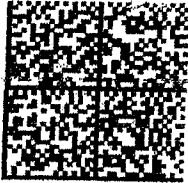
DOI

INDIANA DEPARTMENT OF INSURANCE
311 W. WASHINGTON STREET, SUITE 300
INDIANAPOLIS, INDIANA 46204-2787

CERTIFIED MAIL™



7005 3110 0002 4439 9770



Postage

049J8204

\$06.60

09/22/2004

Mailed From
US POST

RHONDA ALESH DAVIE
2843 W 52ND ST
INDIANAPOLIS IN 46228-2132

*FW 9-20 WNC
RT 10-9*

1111

482 DE I 00 1079598

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

EG 46228-2132

10795-00250-11-28

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:

*Rhonda Davie
2843 W. 52nd St.
Indianapolis, In 46228*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7005 3110 0002 4439 9770

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

