



**SOUTH DAKOTA
DEPT. OF LABOR
& REGULATION**

DIVISION OF INSURANCE

Tel: 605.773.3563 | Fax: 605.773.5369

dlr.sd.gov/insurance

June 15, 2020

SENT VIA CERTIFIED AND FIRST-CLASS MAIL

Daniel Anthony Pryor
17608 Invermere Ave
Cleveland OH 44128-1662

7019 0700 0001 4782 9915

RE: Application for Insurance Producer License/Denial

This letter is to notify you that your application for licensure as a nonresident insurance producer in South Dakota has been denied. The reason for the denial is as follows:

You submitted an application for of an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") January 18, 2020. On your application you answered "NO" to being named in an administrative action, however you were named in an administrative action in South Dakota in 2019. Due to this discrepancy, the Division wrote to you February 18, 2020 for a written explanation. You failed to respond, so on March 23, 2020 the Division sent you a cite letter via certified mail, again asking for an explanation and informing you that it was a violation of the South Dakota Insurance Code to not respond to the Division within 20 days. Having again failed to receive a response, on April 17, 2020 the Division called you, spoke to you on the phone, advised you that a response was a response was due no later than April 23, 2020. To date the Division still has not received a response or an explanation regarding your lack of communication or the discrepancies on your application.

Based on the above information, your application is denied because you have been determined not be in good standing under ARSD 20:06:01:03 and based upon SDCL §§ 58-30-167(1) and (8); for proving incomplete, misleading, or incorrect information in your application; and for demonstrating incompetence, untrustworthiness, or financial irresponsibility.

Please note that this denial is considered an administrative action which will be reported to the database maintained by the National Association of Insurance Commissioners. If an administrative action occurs, an insurance producer may be required to report the action to any and all states in which an insurance license is held and in accordance with the timeframes and requirements of each state.

Pursuant to SDCL § 58-30-168, you may make a written request to the Division of Insurance within thirty (30) days of the date of this denial for a hearing to determine the reasonableness of this decision to deny your application for licensure.

Sincerely,

Maggie Dell
Maggie Dell
Assistant Director
South Dakota Division of Insurance
Department of Labor and Regulation

CC: daniel.pryor@ngic.com & daniel_a_pryor@prog

Page
124 South Euclid Avenue, 2

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions