



**Illinois Department of Financial and Professional Regulation**  
**Division of Insurance**

ROD R. BLAGOJEVICH  
Governor

FERNANDO E. GRILLO  
Secretary

Michael T. McRaith  
Director  
Division of Insurance

May 31, 2005

Thomas Joseph Hardy  
1527 Evergreen Dr.  
Eugene, OR 97404

Re: Request for License

Dear Mr. Hardy:

This letter is in response to your request to obtain a license. The Division of Insurance received your Non-Resident Insurance Producer License Application through the National Insurance Producer Registry (NIPR) on September 21, 2004. Section 500-30 of the Illinois Insurance Code (215 ILCS 5/500-30) requires, in part, "...before approving the application, the Director must find that the individual...has not committed any act that is a ground for denial, suspension, or revocation set forth in Section 500-70 of the Illinois Insurance Code (215 ILCS 5/500-70)."

On July 10, 1991, you were convicted of Rape In The Second Degree, in the Circuit Court of the State of Oregon, Case No. 10 91 02205.

Court documents revealed you failed to comply with court ordered probation and were sentenced to the custody of the Oregon Corrections Division.

You were additionally charged and convicted on Counts 1 and 2, of Sexual Abuse In The Third Degree, Class A Misdemeanors, on February 25, 1999.

You have been convicted of a felony, which is a ground for denial pursuant to Section 500-70(a)(6) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(6)).

Based on the nature of your criminal activity, your multiple offenses, the pattern of your criminal conduct and unsuccessfully completing probation, the Division cannot issue your insurance producer license pursuant to the standards set forth in 50 Ill. Adm. Code 2403.30.

Your request for a license is being denied based upon the information previously stated.

If you wish a refund of your application fee, provide a written request indicating your application was forwarded through NIPR and submit the refund request to the attention of David Murphy, Licensing Supervisor, at the Illinois Department of Financial and Professional Regulation, Division of Insurance, 320 West Washington Street, Springfield, Illinois 62767-0001.

You have a right to a formal hearing on this matter if your written request is filed with the Division within 30 days of the date of mailing of this correspondence.

Sincerely,

A handwritten signature in black ink that reads "Michael T. McRaith". The signature is written in a cursive style with a large, stylized "M" and "R".

Michael T. McRaith  
Director of Insurance

MTM:lc  
Enclosure  
Certified Mail  
Return Receipt Requested

09/21/2004 - HARDY - 17639376

Pending Transactions - 1 thru 1 of 1

Submit All Charges

Check SITE Listing | **HARDY, THOMAS JOSEPH** | Non-Resident License | NIPR Trans: 17639376

SSN: 549-45-9370  
 Natl. Prod. #: 8155999  
 Date of Birth: 05/25/1972 | Gender: Male  
 Resident State: OR  
 License #: 678673  
 Nationality: U.S.A.  
 Bank Affiliate: No

Residence Address: 1527 EVERGREEN DR  
 EUGENE, OR 97404  
 U.S.A.

Business Address: ACCUTEL INC  
 300 COUNTRY CLUB RD #111  
 EUGENE, OR 97401  
 U.S.A.

Mailing Address: 1527 EVERGREEN DRIVE  
 EUGENE, OR 97404  
 U.S.A.

Business Email Address: [Deidre.Birk@GMACInsurance.com](mailto:Deidre.Birk@GMACInsurance.com)

Residence Phone #: 5415540337  
 Business Phone #: 5412422402

EMPLOYMENT HISTORY

Employer Name	Employment Dates	Position	Location	Country Code
National General Insurance/A ceutel	September 2004 - September 2004	Sales Agent	EUGENE, OR	1
Personnel Source	July 2004 - September 2004	Sales Assoc- Training	EUGENE, OR	1
Venture Data	May 1999 - July 2004	Asst Shift Manager	EUGENE, OR	1
Buying Time Cleaning Service	January 1993 - May 1999	Manager, Cleaner	EUGENE, OR	1

BACKGROUND QUESTIONS

- Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? - Yes.  
 1A. If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? - N/A.  
 1B. If so, was that waiver granted? (attach a copy of 1033 waiver approved by home state.) - N/A.
- Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? - No.
- Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? - No.
- Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If so, in what jurisdiction(s)? - No.
- Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? - No.
- Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? - No.
- Do you have a child support obligation in arrears? If so, by how many months are you in arrears? - No.
- Are you the subject of a child support related subpoena or warrant? - No.

ATTESTATION STATEMENT

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Applicant's Certification and Attestation: Y

Submitter: Authorized Submitter  
 Title:

AUTHORIZING OFFICER

Name: Deidre Birk  
 Company: National General Insurance Company

Address: EGMAC INSURANCE PLAZA  
SUITE 18, MOBILE, AL

Phone #: (205) 833-2222

CONTACT INFORMATION

Name:

Business Email Address: [egmac@egmac.com](mailto:egmac@egmac.com)

TRANSACTION INFORMATION

Customer: 83ECOMM

Customer Batch: VGNF92027718

Customer Trans #: 17639376

State Fee: 250.00

LICENSE/LINES OF AUTHORITY

License Class	Effective Date	Approved	Comment Code	Comments	
Producer	02 / 24 / 2005		233	Answered 'Yes' to background question - 1	<< >> Edit D

LINES OF AUTHORITY

Line of Authority	Effective Date	Approved	Comment Code	Comments	
Property	02 / 24 / 2005				<< >> Edit D
Casualty	02 / 24 / 2005				<< >> Edit D

NOTES

Empty text area for notes.

[Update Transaction](#)

[Submit All Changes](#)

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