ALABAMA DEPARTMENT OF INSURANCE P.O. BOX 303351, MONTGOMERY, ALABAMA 36130-3351

FAX

Date: 3/23/2012

Number of pages including cover sheet: 9

To:
Alan Singer
Staff Attorney
Washington DOI

Phone: 360-725-7046
Fax phone: 360-586-0152

From:
Stacy Farris
Legal Research Assistant

Phone: 334-241-4123
Fax phone: 334-240-7581

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

STATE OF ALABAMA
Department of Insurance
201 Monroe Street, Suite 1700
Post Office Box 303351
Montgomery, Alabama 36130-3351
Telephone: (334) 269-3550
Facsimile: (334) 241-4192

FOB JAMES, JR.
GOVERNOR

RICHARD H. CATER
COMMISSIONER

TODD RUSSELL
EXECUTIVE ASSISTANT

Deputy Commissioners
DAVID PARSONS
JOHN HYDEN

Chief Examiner
RICHARD L. FORD

State Fire Marshal
JOHN S. ROBISON

General Counsel
MICHAEL A. BOWNES

ALABAMA INSURANCE DEPARTMENT)
)
v.) CASE NO. CE-97 10089419
)
JOHN DIONIS LIZANA)
PO BOX 87088)
BATON ROUGE LA 70879-8758)

ORDER

It has come to the attention of the Alabama Insurance Department (Department) that JOHN DIONIS LIZANA (Respondent) has not met the statutory requirements set forth in Sections 27-8A-1 through 27-8A-13 Code of Alabama, 1975.

1. That on November 28, 1997, License Renewal Notice was mailed to Respondent through the United States Postal Service.

2. That this license renewal was due to be returned to the Department postmarked no later than December 31, 1997. The renewal form could be processed up to 30 days after December 31, 1997, by including a $50.00 late fee.

3. That after the License Renewal Notice deadline of December 31, 1997, the Department mailed a Notice of Intent to Suspend for failure to renew and a second License Renewal Notice to Respondent on January 16, 1998. A copy of this Notice of Intent to Suspend was also mailed to Respondent's appointing insurance companies.

4. That the Notice of Intent to Suspend gave Respondent until February 23, 1998, to respond before the Department would issue an Order to Suspend the license.

5. That all correspondence in this matter was mailed to last known address of Respondent. As of the date of this Order, Respondent has failed to comply with the license renewal and continuing education requirements of the Department. Therefore, it is hereby ORDERED as follows:

A. All Alabama insurance agent, broker or service representative license/appointments of Respondent are hereby SUSPENDED until such time as the Respondent has complied with all the license renewal and continuing education requirements of the Department.

B. Respondent is prohibited from making an application for an Alabama insurance license or becoming an Alabama insurance agent, broker or service representative until Respondent's license has been reinstated and all license renewal fees including late fees plus additional administrative fees of $300.00 for reimbursement of costs, expenses and attorney fees involved with this Order are paid in full to the Department.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

C. Respondent while unlicensed in this state, shall not engage in nor participate in insurance transactions, including the solicitation, inducement, negotiation or effectuation of contracts of insurance, or the transaction of matters subsequent to effectuation of a contract of insurance and arising out of it; nor shall Respondent engage in or participate in the consulting or marketing of insurance; nor shall Respondent act as, hold himself/herself out to be an insurance agent, broker or service representative; nor shall Respondent receive or share in the receipt of any commissions to which Respondent is entitled as a result of his/her insurance activities prior to the date of this ORDER.

DONE and ORDERED this 23rd day of February, 1998.

Richard H. Cater

COMMISSIONER OF INSURANCE

MD/KL/br

cc: LEGAL DIVISION OF THE FOLLOWING COMPANIES:

LOYAL AMERICAN LIFE INSURANCE COMPANY

MAR-23-2012 FRI 01:50 PM ALA INSURANCE DEPT FAX NO. 334 240 7581 P. 04

Fold at line over top of envelope to [redacted]

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): 12

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John D. Lizana
P.O. Box 87058
Baton Rouge, LA
70879

4a. Article Number
Z 233 162 220

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-6-98

5. Received By: *(Print Name)*
X Carol J. Lizana

6. Signature: *(Addressee or Agent)*
X Carol J. Lizana

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form 3811, December 1994 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

● Print your name, address, and ZIP Code in this box ●

ALABAMA DEPT. OF INSURANCE
201 MONROE ST
SUITE 1760
MONTGOMERY AL 36104

07

NOTICE OF INTENT TO SUSPEND
FOR FAILURE TO RENEW ALABAMA INSURANCE LICENSE

Your 1997 license renewal notice was mailed to you on or about the first day of your birth month with instructions to return the form and fees by the last day of your birth month. To date, your application has not been received. To RENEW your license, complete the information on this form and mail it to the address provided herein. If it is your intention to CANCEL your license, please sign on the appropriate line on this form and return to the address provided herein. YOUR LICENSE WILL BE SUSPENDED IF THIS FORM IS NOT COMPLETED AND RECEIVED POSTMARKED BEFORE (February 23, 1998).

Corrected Name and/or Address

Corrected Social Security # ____/____/____

INDICATE ANY CORRECTIONS HERE

Corrected Date of Birth ____/____/____ Month / Day / Year

LIZANA JOHN DIONIS
PO BOX 87058
BATON ROUGE LA 70879-8758

LICENSE #: 10089419
S.S. #: [redacted]
DOB: [redacted]

Please pay the amount indicated by "TOTAL FEES DUE"

ANNUAL LICENSE RENEWAL FEE	$ 20.00
LATE FILING FEE	$ 50.00
TOTAL FEES DUE	$ 70.00

You must return this form if you wish to RENEW or CANCEL by (Feb 23, 1998) to avoid suspension of your insurance license. An additional $300 administrative fee will be due should you wish to reinstate a suspended license. You are entitled to request a hearing to protest suspension of your license if received within 30 days after issuance of Order of Suspension. However, completion of this form will waive your right to a hearing and avoid suspension of your license. A copy of this Notice will be mailed to each of your appointing insurance companies.

You must carefully read and answer both of the questions below by circling YES or NO. Failure to answer either of these questions will keep your renewal from being processed. Be sure your answers are TRUE & CORRECT before signing on the back of this form.

1. Indicate whether, since your last application for license/appointment: (a) You have had an insurance license denied, refused, suspended, or revoked; (b) You have had a contract/appointment canceled by an insurer, involuntary, for reasons other than lack of production; or (c) You have been charged with or convicted of a felony or misdemeanor?

YES NO

If your answer to any part of question #1 is YES, you must circle YES and attach additional information.

2. Indicate whether: (a) You have satisfied your CE requirements by completing the required number of continuing education credits from providers whose courses have been approved by the Alabama Department of Insurance; (b) You are a non-resident of a reciprocal state and have satisfied that state's CE requirements; (c) you qualify for one of the exemptions from continuing education requirements (A-M) listed on the back of this form; (d) you are exempt from continuing education requirements because you are a newly licensed agent for less than 12 months from your birth month; (e) you are exempt from continuing education requirements because you are licensed only for Credit Life, Credit Disability, Credit Property, Automobile Physical Damage, Industrial Fire, Physical Damage on Household Goods, or any combination of any of these lines of insurance.

YES NO

DO NOT SEND COURSE CERTIFICATES WITH THIS RENEWAL FORM!!
(If you are audited we will ask for copies of your certificates at that time.)

CONTINUING EDUCATION EXEMPTIONS: The license renewals will require compliance with continuing education unless an exemption exists. Those exemptions are indicated below. If you will be claiming an exemption from compliance, please circle the exemption (only ONE exemption is necessary).

(A) **I am a non-resident (of a reciprocal state) who is in compliance with my home state licensing and continuing education requirements. You do not need to attach a letter of certification with this renewal.**

(B) I have been licensed in this state for at least 15 years AND am at least 60 years of age.

(C) I hold the designation of Chartered Property & Casualty Underwriter (CPCU).

(D) I hold the designation of Certified Insurance Counselor (CIC).

(E) I hold the designation of Chartered Financial Consultant (ChFC).

(F) I hold the designation of Certified Financial Planner (CFP).

(G) I hold the designation of Registered Health Underwriter (RHU).

(H) I hold the designation of Registered Employee Benefits Consultant (REBC).

(I) I hold the designation of Chartered Life Underwriter (CLU).

(J) I hold the designation of Certified Health Consultant (CHC).

(K) I hold the designation of Associate Risk Manager (ARM).

(L) I am an officer of an insurance company who is not engaged in the active sale of insurance products.

(M) In lieu of the 12 hour continuing education requirement, I am applying to renew my license as an *agent* or *service representative* employed by another agent or insurer to work only in the office of the employer. I am not licensed as a nonresident in any other state. This exemption requires 6 hours of continuing education for renewal.

If you are requesting option (N, O, or P) submit the renewal form and fees to 201 Monroe St., Ste. 1760, Montgomery, AL 36130, NOT to the address listed in the box below. If you are mailing after the deadline on the front of this form you must include the late fee. We will notify you of our decision on your request for continuing education extension or exemption.

(N) Request for a medical extension (documentation from attending physician must state that in his or her opinion, the licensee is unable to perform the normal duties of an insurance representative due to medical disabilities. This statement must also indicate an estimated date when licensee may be expected to resume norma duties.

(O) Request for military extension because of assignment for active duty in the armed forces. (Documentation of military assignment must be attached.)

(P) Application has been submitted to the Insurance Commissioner for extension or exemption from continuing education compliance because of extraordinary extenuating circumstances beyond my control. Explain in detail and attach any necessary documentation.

I understand that if I answer any question on this application falsely, in addition to being criminally prosecuted for perjury, I may be subject to the suspension or revocation of my insurance license. CAUTION: Do not sign unless you have carefully reviewed the instructions and all your answers are TRUE & CORRECT.

I DO hereby make application to renew my insurance license:

Signature _____ Date _____

I DO NOT wish to renew my license. I wish to cancel my license and appointments.

Signature _____ Date _____

- **You must return this entire form: DO NOT cut or detach any portion of this form.**
- **Only one check per form -- do not attempt to pay multiple forms on the same check.**
- **Please keep a copy of this form for your records---Your renewed license will be mailed within 90 days.**

MAIL TO:

Ala. Dept. of Insurance
Agent Licensing Division
PO Box 830720
Birmingham AL 35283-0720

If you have any questions you may call:

(334) 241-4126 Agent Licensing Division
(334) 265-8630 Continuing Education Section
(334) 269-3550 Insurance Department

License Renewal
Agent/Service Representative

ALABAMA INSURANCE DEPARTMENT
1997 LICENSE RENEWAL FORM

Corrected Name and/or Address:

Corrected Social Security # ____/____/____

Corrected Date of Birth ____/____/____
Month / Day / Year

Make corrections to the information printed below this area

License # 10089419

S.S.# [redacted]

DOB [redacted]
Month // Day // Year

LIZANA JOHN DIONIS
PO BOX 87058
BATON ROUGE LA 70879-8758

The license renewal fee is $20 per line. An agent is licensed for the life lines, the property and casualty lines, or for both lines. If you hold both lines your license renewal fee is $40. Please check the line or lines for which you are licensed and attach your check for the appropriate amount and return in the envelope provided:

A) **Life Lines** [include life; disability (health) credit life; credit disability and variable annuities] $ 20.00

B) **Property & Casualty Lines** [include comprehensive property, casualty, and surety; physical damage on household goods; industrial fire; automobile full coverage; automobile physical damage; bail bonds; and credit property.] $ ____

C) TOTAL Fees due if POSTMARKED no later than DECEMBER 31, 1997 $ 20.00

> Failure to return this form by December 31, will result in a $50 late fee. If this form is received postmarked after December 31, and you do not include the late fee, the form will be returned to you. (ADD THE ADDITIONAL $50 LATE FEE IF YOU MAIL AFTER DECEMBER 31, 1997.)

D) LATE FEE ($50.00) $ ____

E) TOTAL FEES DUE WITH LATE FEE $ ____

> **You must carefully read and answer both of these questions by circling YES or NO. Failure to answer either of these questions will keep your renewal from being processed. Be sure your answers are TRUE & CORRECT before signing on the back of this form.**

1. Indicate whether, since your last application for license/appointment: (a) You have had an insurance license denied, refused, suspended, or revoked; (b) You have had a contract/appointment canceled by an insurer, involuntary, for reasons other than lack of production; or (c) You have been charged with or convicted of a felony or misdemeanor?

(If your answer to ANY part of question #1 is yes, you must circle yes and attach additional information).

YES NO

2. Indicate whether: (a) You have satisfied your CE requirements by completing the required number of continuing education credits from education providers whose courses have been approved by the Alabama Department of Insurance; or (b) You are a non-resident of a reciprocal state and have satisfied that states's CE requirements.

YES NO

> **NOTE: CIRCLE YES TO QUESTION #2 IF** (a) *You are licensed only for Credit Life, Credit Disability, Credit Property, Automobile Physical Damage, Industrial Fire on Household Goods or any combination of these lines of insurance; or* (b) *You are claiming one of the exemptions (A-M) listed on the back of this form; or* (c) *You are a newly licensed agent for less than 12 months since you are not required to complete C.E. to renew your license.*

You must be able to answer YES to question #2 for your renewal to be processed

DO NOT SEND COURSE CERTIFICATES WITH THIS RENEWAL FORM!!
If you are audited we will ask for copies of your certificates at that time

CONTINUING EDUCATION EXEMPTIONS: The license renewals will require compliance with continuing education unless an exemption exists. Those exemptions are indicated below. If you will be claiming an exemption from compliance, please circle the exemption (only one exemption is necessary).

(A) **I am a non-resident (of a reciprocal state) who is in compliance with my home state licensing and continuing education requirements. You do not need to attach a letter of certification with this renewal.**

(B) I have been licensed in this state for at least 15 years and am at least 60 years of age.

(C) I hold the designation of Chartered Property & Casualty Underwriter (CPCU).

(D) I hold the designation of Certified Insurance Counselor (CIC).

(E) I hold the designation of Chartered Financial Consultant (ChFC).

(F) I hold the designation of Certified Financial Planner (CFP).

(G) I hold the designation of Registered Health Underwriter (RHU).

(H) I hold the designation of Registered Employee Benefits Consultant (REBC).

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(J) I hold the designation of Certified Health Consultant (CHC).

(K) I hold the designation of Associate Risk Manager (ARM).

(L) I am an officer of an insurance company who is not engaged in the active sale of insurance products.

(M) In lieu of the 12 hour continuing education requirement, I am applying to renew my license as an *agent* or *service representative* employed by another agent or insurer to work only in the office of the employer. I am not licensed as a nonresident in any other state. This exemption requires 6 hours of continuing education for renewal.

(N) Request for a medical extension (documentation from attending physician must state that in his or her opinion, the licensee is unable to perform the normal duties of an insurance representative due to medical disabilities. This statement must also indicate an estimated date when licensee may be expected to resume norma duties.

(O) Request for military extension because of assignment for active duty in the armed forces. (Documentation of military assignment must be attached.)

(P) Application has been submitted to the Insurance Commissioner for extension or exemption from continuation education compliance. (Copy of letter requesting extension or exemption must be attached.)

I understand that if I answer any question on this application falsely, in addition to being criminally prosecuted for perjury, I may be subject to the suspension or revocation of my insurance license. CAUTION: Do not sign unless you have carefully reviewed the instructions and all your answers are TRUE & CORRECT.

- **You must return this entire form: Do Not cut or detach this signature section from the form.**
- **Only one check per form -- do not attempt to pay multiple forms on the same check.**
- **Please keep a copy of this form for your records--- Your renewed license will be mailed within 90 days.**

I DO hereby make application to renew my insurance license.

Date _____ Signature _____

I DO NOT wish to renew my license. I wish to cancel my license and appointments.

Date _____ Signature _____

MAIL TO: Ala. Dept. of Insurance ☞

Agent Licensing Division
PO Box 830720
Birmingham AL 35283-0720

ALABAMA DEPARTMENT OF INSURANCE P.O. BOX 303351, MONTGOMERY, ALABAMA 36130-3351

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General Counsel
MICHAEL A. BOWNES

ALABAMA INSURANCE DEPARTMENT)
)
v.) CASE NO. CE-97 10089419
)
JOHN DIONIS LIZANA)
PO BOX 87058)
BATON ROUGE LA 70879-8758)

ORDER

It has come to the attention of the Alabama Insurance Department (Department) that JOHN DIONIS LIZANA (Respondent) has not met the statutory requirements set forth in Sections 27-3A-1 through 27-3A-13 Code of Alabama, 1975.

1. That on November 28, 1997, License Renewal Notice was mailed to Respondent through the United States Postal Service.

2. That this license renewal was due to be returned to the Department postmarked no later than December 31, 1997. The renewal form could be processed up to 30 days after December 31, 1997, by including a $50.00 late fee.

3. That after the License Renewal Notice deadline of December 31, 1997, the Department mailed a Notice of Intent to Suspend for failure to renew and a second License Renewal Notice to Respondent on January 16, 1998. A copy of this Notice of Intent to Suspend was also mailed to Respondent's appointing insurance companies.

4. That the Notice of Intent to Suspend gave Respondent until February 23, 1998, to respond before the Department would issue an Order to Suspend the license.

5. That all correspondence in this matter was mailed to last known address of Respondent. As of the date of this Order, Respondent has failed to comply with the license renewal and continuing education requirements of the Department. Therefore, it is hereby ORDERED as follows:

A. All Alabama insurance agent, broker or service representative license/appointments of Respondent are hereby SUSPENDED until such time as the Respondent has complied with all the license renewal and continuing education requirements of the Department.

B. Respondent is prohibited from making an application for an Alabama insurance license or becoming an Alabama insurance agent, broker or service representative until Respondent's license has been reinstated and all license renewal fees including late fees plus additional administrative fees of $300.00 for reimbursement of costs, expenses and attorney fees involved with this Order are paid in full to the Department.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

C. Respondent while unlicensed in this state, shall not engage in nor participate in insurance transactions, including the solicitation, inducement, negotiation or effectuation of contracts of insurance, or the transaction of matters subsequent to effectuation of a contract of insurance and arising out of it; nor shall Respondent engage in or participate in the consulting or marketing of insurance; nor shall Respondent act as, hold himself/herself out to be an insurance agent, broker or service representative; nor shall Respondent receive or share in the receipt of any commissions to which Respondent is entitled as a result of his/her insurance activities prior to the date of this ORDER.

DONE and ORDERED this 23rd day of February, 1993.

Richard H. Cater

COMMISSIONER OF INSURANCE

MD/KL/br

cc: LEGAL DIVISION OF THE FOLLOWING COMPANIES:

LOYAL AMERICAN LIFE INSURANCE COMPANY

Is your RETURN ADDRESS completed on the reverse side?

Fold at line over top of envelope to

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee): 12

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John D. Lizana
P.O. Box 87058
Baton Rouge, LA
70879

4a. Article Number
223316 2220

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-6-98

5. Received By: *(Print Name)*
X Carol J. Lizana

6. Signature: *(Addressee or Agent)*
X Carol J. Lizana

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

ALABAMA DEPT. OF INSURANCE
201 MONROE ST
SUITE 1760
MONTGOMERY AL 36104

07

NOTICE OF INTENT TO SUSPEND
FOR FAILURE TO RENEW ALABAMA INSURANCE LICENSE

Your 1997 license renewal notice was mailed to you on or about the first day of your birth month with instructions to return the form and fees by the last day of your birth month. To date, your application has not been received. To RENEW your license, complete the information on this form and mail it to the address provided herein. If it is your intention to CANCEL your license, please sign on the appropriate line on this form and return to the address provided herein. YOUR LICENSE WILL BE SUSPENDED IF THIS FORM IS NOT COMPLETED AND RECEIVED POSTMARKED BEFORE (February 23, 1998).

Corrected Name and/or Address _____

Corrected Social Security # ___/___/___

INDICATE ANY CORRECTIONS HERE

Corrected Date of Birth ___/___/___
Month / Day / Year

LIZANA JOHN DIONIS
PO BOX 87058
BATON ROUGE LA 70879-8758

LICENSE #: 10089419
S.S. #: [redacted]
DOB: [redacted]

Please pay the amount indicated by "TOTAL FEES DUE"

ANNUAL LICENSE RENEWAL FEE	$ 20.00
LATE FILING FEE	$ 50.00
TOTAL FEES DUE	$ 70.00

You must return this form if you wish to RENEW or CANCEL by (Feb 23, 1998) to avoid suspension of your insurance license. An additional $300 administrative fee will be due should you wish to reinstate a suspended license. You are entitled to request a hearing to protest suspension of your license if received within 30 days after issuance of Order of Suspension. However, completion of this form will waive your right to a hearing and avoid suspension of your license. A copy of this Notice will be mailed to each of your appointing insurance companies.

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YES NO

If your answer to any part of question #1 is YES, you must circle YES and attach additional information.

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YES NO

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I **DO** hereby make application to renew my insurance license:

Signature _____ Date _____

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MAIL TO:

Ala. Dept. of Insurance
Agent Licensing Division
PO Box 830720
Birmingham AL 35283-0720

If you have any questions you may call:

(334) 241-4126 Agent Licensing Division
(334) 265-8630 Continuing Education Section
(334) 269-3550 Insurance Department

License Renewal
Agent/Service Representative

ALABAMA INSURANCE DEPARTMENT
1997 LICENSE RENEWAL FORM

Corrected Name and/or Address:

Corrected Social Security # ____/____/____

Corrected Date of Birth ____/____/____
Month / Day / Year

Make corrections to the information printed below this area

License # 10089419

S.S.# [redacted]

DOB [redacted]
Month // Day // Year

LIZANA JOHN DIONIS
PO BOX 87058
BATON ROUGE LA 70879-8758

The license renewal fee is $20 per line. An agent is licensed for the life lines, the property and casualty lines, or for both lines. If you hold both lines your license renewal fee is $40. Please check the line or lines for which you are licensed and attach your check for the appropriate amount and return in the envelope provided:

A) **Life Lines** [include life; disability (health) credit life; credit disability and variable annuities] $ 20.00

B) **Property & Casualty Lines** [include comprehensive property, casualty, and surety; physical damage on household goods; industrial fire; automobile full coverage; automobile physical damage; bail bonds; and credit property.] $ ____

C) TOTAL Fees due if POSTMARKED no later than DECEMBER 31, 1997 $ 20.00

Failure to return this form by December 31, will result in a $50 late fee. If this form is received postmarked after December 31, and you do not include the late fee, the form will be returned to you. (ADD THE ADDITIONAL $50 LATE FEE IF YOU MAIL AFTER DECEMBER 31, 1997.)

D) LATE FEE ($50.00) $ ____

E) TOTAL FEES DUE WITH LATE FEE $ ____

You must carefully read and answer both of these questions by circling YES or NO. Failure to answer either of these questions will keep your renewal from being processed. Be sure your answers are TRUE & CORRECT before signing on the back of this form.

1. Indicate whether, since your last application for license/appointment: (a) You have had an insurance license denied, refused, suspended, or revoked; (b) You have had a contract/appointment canceled by an insurer, involuntary, for reasons other than lack of production; or (c) You have been charged with or convicted of a felony or misdemeanor?

(If your answer to ANY part of question #1 is yes, you must circle yes and attach additional information).

YES NO

2. Indicate whether: (a) You have satisfied your CE requirements by completing the required number of continuing education credits from education providers whose courses have been approved by the Alabama Department of Insurance; or (b) You are a non-resident of a reciprocal state and have satisfied that states's CE requirements.

YES NO

NOTE: CIRCLE YES TO QUESTION #2 IF (a) *You are licensed only for Credit Life, Credit Disability, Credit Property, Automobile Physical Damage, Industrial Fire on Household Goods or any combination of these lines of insurance; or* (b) *You are claiming one of the exemptions (A-M) listed on the back of this form; or* (c) *You are a newly licensed agent for less than 12 months since you are not required to complete C.E. to renew your license.*

You must be able to answer YES to question #2 for your renewal to be processed

DO NOT SEND COURSE CERTIFICATES WITH THIS RENEWAL FORM!!
If you are audited we will ask for copies of your certificates at that time

CONTINUING EDUCATION EXEMPTIONS: The license renewals will require compliance with continuing education unless an exemption exists. Those exemptions are indicated below. If you will be claiming an exemption from compliance, please circle the exemption (only one exemption is necessary).

(A) **I am a non-resident (of a reciprocal state) who is in compliance with my home state licensing and continuing education requirements. You do not need to attach a letter of certification with this renewal.**

(B) I have been licensed in this state for at least 15 years and am at least 60 years of age.

(C) I hold the designation of Chartered Property & Casualty Underwriter (CPCU).

(D) I hold the designation of Certified Insurance Counselor (CIC).

(E) I hold the designation of Chartered Financial Consultant (ChFC).

(F) I hold the designation of Certified Financial Planner (CFP).

(G) I hold the designation of Registered Health Underwriter (RHU).

(H) I hold the designation of Registered Employee Benefits Consultant (REBC).

(I) I hold the designation of Chartered Life Underwriter (CLU).

(J) I hold the designation of Certified Health Consultant (CHC).

(K) I hold the designation of Associate Risk Manager (ARM).

(L) I am an officer of an insurance company who is not engaged in the active sale of insurance products.

(M) In lieu of the 12 hour continuing education requirement, I am applying to renew my license as an *agent* or *service representative* employed by another agent or insurer to work only in the office of the employer. I am not licensed as a nonresident in any other state. This exemption requires 6 hours of continuing education for renewal.

(N) Request for a medical extension (documentation from attending physician must state that in his or her opinion, the licensee is unable to perform the normal duties of an insurance representative due to medical disabilities. This statement must also indicate an estimated date when licensee may be expected to resume normal duties.

(O) Request for military extension because of assignment for active duty in the armed forces. (Documentation of military assignment must be attached.)

(P) Application has been submitted to the Insurance Commissioner for extension or exemption from continuation education compliance. (Copy of letter requesting extension or exemption must be attached.)

I understand that if I answer any question on this application falsely, in addition to being criminally prosecuted for perjury, I may be subject to the suspension or revocation of my insurance license. CAUTION: Do not sign unless you have carefully reviewed the instructions and all your answers are TRUE & CORRECT.

- **You must return this entire form: Do Not cut or detach this signature section from the form.**
- **Only one check per form -- do not attempt to pay multiple forms on the same check.**
- **Please keep a copy of this form for your records--- Your renewed license will be mailed within 90 days.**

I DO hereby make application to renew my insurance license.

Date _____ Signature _____

I DO NOT wish to renew my license. I wish to cancel my license and appointments.

Date _____ Signature _____

MAIL TO: Ala. Dept. of Insurance

Agent Licensing Division
PO Box 830720
Birmingham AL 35283-0720