



ROD R. BLAGOJEVICH
Governor

Illinois Department of Financial and Professional Regulation

Division of Insurance

DEAN MARTINEZ
Secretary

MICHAEL T. McRAITH
Director
Division of Insurance

October 4, 2006

Emil Klanyac
4222 Blanchan
Brookfield, Illinois 60513

Re: Request for License

Dear Mr. Klanyac:

This letter is in response to your request to obtain a license. The Division of Insurance received your insurance producer license application in November 2005. A copy of your validated application is enclosed with this letter. 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)”

The Division of Insurance received your insurance producer license application. Question #1 asked, “Have you been convicted of a felony?” You answered this question “Yes.”

On November 14, 2003 you were convicted of Possession of a Controlled Substance, a felony, to Case No. 03 C4 40677 in the Circuit Court of Cook County, Illinois. You were sentenced to probation for a period of thirty (30) months. On October 26, 2004 you were sentenced to 60 days in the Cook County jail for violating your probation.

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

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

If you wish a refund of your application fee, return the copy of the validated application with a letter asking for a refund to the Division to the attention of David Murphy, Licensing Supervisor, Illinois Department of Financial and Professional Regulation, Division of Insurance, 320 West Washington Street, Springfield, Illinois 62767-0001.

You have the 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, prominent "M" and "R".

Michael T. McRaith
Director of Insurance

Enclosure:

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TEA:510