



Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

BEFORE THE ARKANSAS INSURANCE COMMISSIONER
AMENDED NOTICE OF ADMINISTRATIVE HEARING

September 1, 2022

*Sent by US Mail, Certified Mail, Tracking No. 7021 0350 0001 0368 0776,
and via Electronic mail to: agentlicensing@selectquote.com*

TO: Beauregard Ray
NPN 16629297
Senior Healthcare Direct
34302 US Highway 19 N
Palm Harbor, FL 34684-2149

Dear Mr. Ray:

You are hereby notified that an administrative insurance producer licensing hearing has been rescheduled pursuant to Ark. Code Ann. §§ 23-61-303 and 23-64-216(e), and other applicable provisions of Arkansas law, before Insurance Commissioner Alan McClain, as Hearing Officer, or his designee, on October 3, 2022, 10:00 AM in the 2nd Floor Diamond Mine Hearing Room, Arkansas Commerce Building, Arkansas Insurance Department ("Department"), 1 Commerce Way, Building 4, Little Rock, Arkansas, 72202. The purpose of this hearing is to hear the following allegations:

You have violated a law that calls into question your fitness to hold a license. Specifically, you have violated Ark. Code Ann. § 23-64-51(a), that requires licensees to notify the commissioner in writing within thirty days of an administrative action as to an insurance license. Your State of Washington license was revoked in 2019 for failure to disclose actions by other states. You have failed to disclose this action. Revocation of an insurance license by the commissioner for another state is grounds for suspension or revocation of your Arkansas non-resident license.

You have the right to represent yourself or be represented by counsel of your own choosing

at this proceeding. Additionally, the Commissioner will obtain a competent reporter to record the hearing. You may avail yourself of other privileges, including the Department's assistance to subpoena any needed witnesses or records.

If you or your attorney determines that a continuance is necessary, or you have questions or concerns, please contact me at gray.turner@arkansas.gov

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gray Turner". The signature is written in a cursive, flowing style.

Gray Allen Turner
Associate Counsel, Legal Division
Arkansas Insurance Division
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Little Rock AR 72202
(501) 371-2829
Gray.turner@Arkansas.gov