

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of the Department of Insurance and Financial Services

In the matter of:

Dara Dillard
System ID No. 0848702

Enforcement Case No. 24-18088

Respondent.

ISSUED AND ENTERED

on June 27, 2025
by **Joseph A. Garcia**
Senior Deputy Director and General Counsel

FINAL DECISION

I. INTRODUCTION

This case concerns allegations that Dara Dillard (“Respondent”), a licensed resident producer, violated the Michigan Insurance Code, 1956 PA 218, MCL 500.100 to 500.8302 (the “Code”), in connection with the sale of automobile insurance.

On March 5, 2025, DIFS staff issued a Notice of Opportunity to Show Compliance (“NOSC”) to Respondent detailing the allegations that the Respondent had violated provisions of the Code. Respondent failed to respond to the NOSC.

On May 1, 2025, DIFS issued to the Respondent an Administrative Complaint and Statement of Factual Allegations (referenced together as the “Complaint”) offering the Respondent an opportunity to participate in a formal administrative hearing regarding the alleged misconduct. The Complaint contained a section headed “Opportunity for Hearing” which stated:

SHOULD YOU WISH TO REQUEST AN ADMINISTRATIVE HEARING AS DESCRIBED ABOVE, YOU MUST DO SO BY FILING A REQUEST FOR HEARING WITHIN TWENTY-ONE DAYS OF THE DATE OF THIS NOTICE. FAILURE TO REQUEST SUCH A HEARING MAY RESULT IN THE FACTS ASSERTED IN THIS COMPLAINT BEING ACCEPTED AS TRUE BY THE DIRECTOR AND THE IMMEDIATE ISSUANCE OF A FINAL DECISION IMPOSING SANCTIONS AGAINST YOU WITHOUT FURTHER OPPORTUNITY TO BE HEARD.

Respondent did not submit a request for hearing. Given the Respondent’s failure to request a hearing, the unchallenged allegations in the Complaint are accepted as true. Based on the Complaint, the Director makes the following Findings of Fact and Conclusions of Law.

II. FINDINGS OF FACT

The unchallenged factual allegations contained in the Complaint's Statement of Factual Allegations are accepted as true and are restated below.

1. Respondent was a licensed resident insurance producer during all times relevant to this enforcement action.
2. Respondent was appointed with State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance Company, and State Farm Life Insurance Company (collectively "State Farm") during all times relevant to this enforcement action.
3. On or about July 3, 2024, DIFS staff received notification from State Farm that Respondent's appointments were terminated for cause. On July 9, 2024, DIFS staff emailed an inquiry about the termination for cause to State Farm. On July 30, 2024, DIFS staff received a response from State Farm.
4. State Farm reported that Respondent was terminated for data integrity issues concerning the entering of incorrect prior insurance and loss history information on auto insurance applications. State Farm found the following:
 - a. AB¹ had an at-fault accident in his loss history report, but Respondent did not enter this information when obtaining a quote. Respondent entered incorrect prior insurance history for AB. Respondent entered current coverage through CURE Auto Insurance for five years and nine months with an expiration date of August 30, 2024, on the quote, while the previous insurer report showed past coverage through Progressive Insurance Company for approximately three months from August 20, 2023, to November 18, 2023.
 - b. Respondent entered current insurance coverage for AC with Citizens for four years and one month with an expiration date of August 11, 2024, for one vehicle, and for five years and five months with an expiration date of August 11, 2024, for a second vehicle. The previous insurer report listed current coverage with CURE Auto Insurance for over two years starting on February 11, 2022.
 - c. Respondent entered current insurance coverage for JH with CURE Auto Insurance for six years and nine months with an expiration date of July 30, 2024. The previous insurer report listed current coverage with CURE Auto Insurance for around two years starting on July 30, 2022.
 - d. Respondent entered current insurance coverage for AH with CURE Auto Insurance for one year and three months with an expiration date of June 15, 2024. The previous insurer report listed past coverage with Progressive Insurance Company for less than five months from February 19, 2019, to July 7, 2019.

¹ Throughout paragraph 4, the individual applicants' initials are used in deference to their privacy.

- e. Respondent entered current insurance coverage for RG with USAA for three years with an expiration date of October 1, 2023. The previous insurer report listed past coverage with USAA for around one year and eight months from June 23, 2021, to February 16, 2023.
 - f. Respondent entered current insurance coverage for ID with CURE Auto Insurance for one year and two months with an expiration date of September 9, 2024. The previous insurer report listed past coverage with CURE Auto Insurance for six months from March 9, 2022, to September 9, 2022.
 - g. Respondent entered current insurance coverage for AJ with "Auto Club" for eleven months with an expiration date of October 4, 2024. The previous insurer report listed past coverage with GEICO for two years and about seven months from March 18, 2021, to October 12, 2023.
 - h. Respondent entered current insurance coverage for TW with Hastings Insurance Company for seven years and six months with an expiration date of May 4, 2024. The previous insurer report listed current coverage with Hastings Insurance Company for one year and six months from November 1, 2022, to May 4, 2024.
 - i. Respondent entered current insurance coverage for TD with GEICO for six months with an expiration date of January 30, 2024. The previous insurer report listed past coverage with GEICO for around three and a half months from February 20, 2023, to June 6, 2023.
 - j. Respondent entered current insurance coverage for NS with Citizens Midwest Insurance for four years and six months with an expiration date of July 28, 2024. The previous insurer report listed current coverage with Citizens Midwest Insurance for almost five months from July 28, 2023, to December 20, 2023.
5. On or about September 5, 2024, DIFS mailed and emailed an inquiry about the termination for cause to Respondent at the addresses on record, with a September 26, 2024, response deadline.
 6. On September 25, 2024, Respondent emailed via an address not on record to notify DIFS that her email address was updated and that she will reply to the inquiry.
 7. On September 30, 2024, DIFS staff extended Respondent's response due date to October 9, 2024.
 8. On October 10, 2024, DIFS staff emailed Respondent a final reminder to provide a response by October 11, 2024, by 5:00 pm. No response was received by the deadline or subsequently.
 9. On or about March 5, 2025, DIFS served Respondent an NOSC that mirrored the allegations contained in the Complaint. The NOSC was mailed to Respondent's last known address, which Respondent is required to keep up to date pursuant to the Code. Respondent failed to respond to the NOSC.

III. CONCLUSIONS OF LAW

The unchallenged conclusions of law contained in the Complaint are accepted as true and are restated below.

1. As a licensee, Respondent knew or had reason to know that Section 249(a) of the Code, MCL 500.249(a), grants power to DIFS to examine licensees and review records for the purposes of ascertaining compliance with the provisions of the insurance laws of the state. Respondent violated Section 249(a) of the Code, MCL 500.249(a), by failing to respond to DIFS' inquiries as set forth above.
2. As a licensee, Respondent knew or reasonably should have known that Section 2018 of the Code, MCL 500.2018, provides that "[a]n unfair method of competition and an unfair or deceptive act or practice in the business of insurance include making false or fraudulent statements or representations on or relative to an application for an insurance policy for the purpose of obtaining a fee, commission, money, or other benefit from an insurer, agent, broker, or individual." Respondent's actions, as described above, constitute an unfair method of competition and an unfair or deceptive act or practice in the business of insurance as defined by Section 2018 of the Code, MCL 500.2018.
3. As a licensee, Respondent knew or reasonably should have known that Section 2003(1) of the Code, MCL 500.2003(1), provides that "[a] person shall not engage in a trade practice that is defined or described in this chapter or is determined under this chapter to be an unfair method of competition or an unfair or deceptive act or practice in the business of insurance." By engaging in practices that constitute an unfair method of competition and/or deceptive acts or practices in the business of insurance as defined by 2018 of the Code, Respondent has violated Section 2003(1) of the Code.
4. As a licensee, Respondent knew or reasonably should have known that Section 1239(1)(c) of the Code, MCL 500.1239(1)(c), provides that licensees may be disciplined for "[i]ntentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance." By submitting applications for insurance with knowingly false and inaccurate information as set forth above, Respondent has provided justification for sanctions pursuant to Section 1239(1)(c) of the Code, MCL 500.1239(1)(c).
5. As a licensee, Respondent knew or reasonably should have known that Section 1239(1)(f) of the Code, MCL 500.1239(1)(f), provides that licensees may be disciplined for "[h]aving admitted or been found to have committed any insurance unfair trade practice or fraud." By engaging in an unfair trade practice as defined by Section 2018 of the Code, Respondent has provided justification for sanctions pursuant to Section 1239(1)(f) of the Code, MCL 500.1239(1)(f).
6. As a licensee, Respondent knew or reasonably should have known that Section 1239(1)(g) of the Code, MCL 500.1239(1)(g), provides that licensees may be disciplined for "[u]sing fraudulent, coercive, or dishonest practices or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere." By submitting applications for insurance with knowingly false and inaccurate information as set forth above, Respondent has provided justification for sanctions pursuant to Section 1239(1)(g) of the Code.

7. As a licensee, Respondent knew or reasonably should have known that Section 1239(2)(e) of the Code, MCL 500.1239(2)(e), provides that licensees may be sanctioned for “[v]iolating any insurance laws or violating any regulation, subpoena, or order of the commissioner or of another state’s insurance commissioner.” By violating Sections 249(a) and 2003 of the Code, MCL 500.249(a) and 500.2003, as set forth above, Respondent has provided justification for sanctions pursuant to Section 1239(2)(e) of the Code, MCL 500.1239(2)(e).

8. As a licensee, Respondent knew or reasonably should have known that Section 150(1) of the Code, MCL 500.150(1), provides:

(1) Any person who violates any provision of this act for which a specific penalty is not provided under any other provision of this act or of other laws applicable to the violation must be afforded an opportunity for a hearing before the director under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328. If the director finds that a violation has occurred, the director shall reduce the findings and decision to writing and issue and cause to be served on the person charged with the violation a copy of the findings and an order requiring the person to cease and desist from the violation. In addition, the director may order any of the following:

(a) Payment of a civil fine of not more than \$1,000.00 for each violation. However, if the person knew or reasonably should have known that he or she was in violation of this act, the director may order the payment of a civil fine of not more than \$5,000.00 for each violation. With respect to filings made under chapters 21, 22, 23, 24, and 26, "violation" means a filing not in compliance with those chapters and does not include an action with respect to an individual policy based on a noncomplying filing. An order of the director under this subdivision must not require the payment of civil fines exceeding \$50,000.00. A fine collected under this subdivision must be turned over to the state treasurer and credited to the general fund.

(b) The suspension, limitation, or revocation of the person's license or certificate of authority.

9. As a licensee, Respondent knew or reasonably should have known that Section 1244(1) of the Code, MCL 500.1244(1), provides in pertinent part:

(1) If the director finds that a person has violated this chapter, after an opportunity for a hearing under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328, the director shall reduce the findings and decision to writing and shall issue and cause to be served on the person charged with the violation a copy of the findings and an order requiring the person to cease and desist from the violation. In addition, the director may order any of the following:

(a) Payment of a civil fine of not more than \$1,000.00 for each violation. However, if the person knew or reasonably should have known that he or she was in violation of this chapter, the director may order the payment of a civil fine of not more than \$5,000.00 for each violation. An order of the director under this subsection must not require the

payment of civil fines exceeding \$50,000.00. A fine collected under this subdivision must be turned over to the state treasurer and credited to the general fund of this state.

* * *

(d) The suspension or revocation of the person's license.

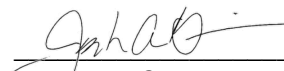
10. Based upon the actions listed above, Respondent has committed acts that provide justification for the Director to order the payment of a civil fine, the refund of any overcharges, that restitution be made to cover losses, damages or other harm attributed to Respondent's violation or violations of the Code, and/or other licensing sanctions, including revocation of licensure..

IV. ORDER

Therefore, it is **ORDERED** that

- A. Respondent is in default in this matter and all allegations contained in the Complaint regarding Respondent are accepted as true in all respects.
- B. Pursuant to Sections 150(1) and 1244(1) of the Code, MCL 500.150(1) and 500.1244(1), Respondent shall cease and desist from violating the Code provisions cited in this Order.
- C. Pursuant to Sections 150(1) and 1244(1) of the Code, MCL 500.150(1) and 500.1244(1), Respondent shall pay a civil penalty of \$1,000.00.
- D. Pursuant to Sections 150(1) and 1244(1) of the Code, MCL 500.150(1) and 500.1244(1), Respondent's insurance producer license (System ID No. 0848702) is **REVOKED**.

Anita G. Fox, Director
For the Director:



Joseph A. Garcia
Senior Deputy Director and General Counsel