

12.16.99

STATE OF FLORIDA
DIVISION OF STATE GROUP INSURANCE

FILED
2004 JUN 30 P 3:42
DIVISION OF STATE GROUP INSURANCE
ADMINISTRATIVE SERVICES
TALLAHASSEE, FLORIDA

FRANCIS PARMAR,

Petitioner,

vs.

AT

FINAL ORDER NO. ~~99-11~~ 00-342
Case No. 99-1523

DIVISION OF STATE GROUP
INSURANCE,

SFD - CLOSED

Respondent.

FINAL ORDER

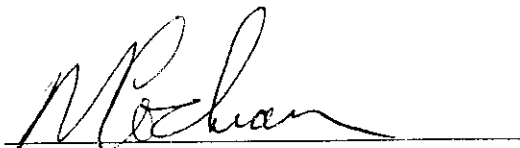
The recommended order dated December 16, 1999, came before me for final action.

IT IS ORDERED THAT:

1. The hearing officer's findings of fact and conclusions of law are adopted.
2. The petition of Francis Parmar regarding denial of his insurance coverage dating back to October 16, 1997 and extending through February 13, 1998 is dismissed.

DONE AND ORDERED in Tallahassee, Leon County, Florida this 3rd day of

~~December, 1999.~~
January 2000



Michael T. Cochran
Deputy Secretary

NOTICE OF RIGHT TO APPEAL

This order constitutes final agency action. Judicial review of this proceeding may be instituted by filing a notice of appeal with the filing fee prescribed by law in the District Court of Appeal, pursuant to Section 120.68, Florida Statutes, and a copy with the clerk of the Department of Management Services. Such notice must be filed within thirty (30) calendar days of the date of this order is filed in the official records of the Department of Management Services

as indicated in the Certificate of Clerk. Review proceedings shall be conducted in accordance with the Florida Rules of Appellate Procedure.

Certificate of Clerk:

Filed in the office of the Clerk of the Department of Management Services on this 3rd day of ~~December, 1999~~ January, 2000

Michelle Layton
Clerk

Copies furnished to:

CERTIFIED #Z 308 401 737
RETURN RECEIPT REQUESTED
Francis Parmar
Post Office Box 88752
Atlanta, Georgia 30356

Jill Ghini, Assistant General Counsel
Department of Management Services
4050 Esplanade Way, Suite 260
Tallahassee, Florida 32399-0950

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Thank you for using Return Receipt Service.

IS YOUR RETURN ADDRESS COMPLETED ON THE REVERSE SIDE?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- 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.

3. Article Addressed to:
Francis Parmar
Post Office Box 88752
Atlanta, Georgia 30356

4a. Article Number
Z 308 401 737

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Mailing (only if requested)

5. Signature (Addressee)
Francis Parmar

6. Signature (Agent)

7. Date of Delivery
JAN 20 2000

8. Address (only if requested and fees paid)
30356

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT