Sharla Dillon

From:

Lisa Foust

Sent:

Thursday, July 07, 2016 2:01 PM

To: Cc: 'Jerold Lambert' Sharla Dillon

Subject:

16-00034 Application of The Nexus Group, Inc. for a Certificate to Provide Competing Local

Telecommunications Services

Attachments:

16-00034 The Nexus Group Inc Bond Cancellation Notice.pdf

Mr. Lambert,

Please see the attached copy of a Notice of Cancellation on the Surety Bond for The Nexus Group, Inc. This bond is about to be cancelled for Non-Payment of Premium. We have previously expressed concern regarding the management of The Nexus Group, Inc. and their willingness to comply with our rules and with state laws. Can you advise as to the reason this bond premium has not been paid and what measures will be put in place to assure that the bond is brought current and kept in place going forward?

Lisa Foust
Utilities Division
Tennessee Regulatory Authority
Andrew Jackson State Office Bldg.
502 Deaderick Street, 4th Floor
Nashville, Tennessee 37243
615-770-6886
lisa.foust@tn.gov



NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Insuring Company: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Misc. Comm. Surety

POLICY NO. 0106352541 S

Issue Date 06/29/16 ACCOUNT 4557WA202

Page 2 of 3

Named Insured and Mailing Address THE NEXUS GROUP, INC. 1661 MURFREESBORO PIKE NASHVILLE TN 37217

Agent INSIGHT RISK MANAGEMENT

Please contact your agent if you have any questions. PHONE: (615) 269-7887

EFFECTIVE DATE OF CANCELLATION: AUGUST 08, 2016

We are pleased to have you as a customer and would like to continue to provide your insurance. Unfortunately, we have not received the premium payment due on this policy. Therefore, your policy shown on this notice will be cancelled on the effective date of cancellation shown above, at the time the policy became effective. We will refund any premium due you. We regret having to take this action, and will be pleased to rescind the cancellation if we receive the minimum due on/before the effective date of cancellation. In that event, we will send you a notice of reinstatement continuing your coverage.

Premium Information						
POLICY NUMBER 0106352541 S POLICY PERIOD 05/10/16						
Previous balance Late Payment Charge	\$100.00 +10.00	Pay Either	MINIMUM DUE	\$110.00		
		Amount	TOTAL DUE	\$110.00		
		Ву	DUE DATE	AUGUST 08, 2016		

The policy number shown above consists of your CL policy number and policy form. For the complete policy number refer to your policy paper.

This bill is rendered by The Travelers policy shown on this notice.

affiliated company indicated on the

A late charge has been assessed on your account because we have not received your previous minimum due. This account level charge is listed on this notice. An account level bill or other notice(s) may also be mailed to you today.

Please detach the return stub and mail with your payment in the enclosed envelope to: TRAVELERS CL REMITTANCE CENTER, PO BOX 660317, DALLAS, TX 75266-0317.

648844N 2016181 8666 383 0DBB77

Payment Coupon Make checks payable to: TRAVELERS

INSIGHT RISK MANAGEMENT THE NEXUS GROUP, INC.

4557WA202

0106352541 S

Include Account Number on the check.

Change of Address?

Place an "X" here. Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY AUGUST 08, 2016

MINIMUM DUE \$110.00

TOTAL BALANCE

\$110.00

AMOUNT ENCLOSED

TRAVELERS CL REMITTANCE CENTER PO BOX 660317 DALLAS, TX 75266-0317

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Notice of Cancellation

Account 4557WA202	
Page 3 of 3	

If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

If you have any questions about this statement, please contact your Agent, Travelers Billing Customer Service or the Travelers on-line Telephone Inquiry Service. To reach the Travelers Billing Customer Service or the Telephone Inquiry dial 1-800-252-2268 and follow the instructions.

Your 9 character billing account number is: --- 4557WA202.



Insuring Company: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Misc. Comm. Surety

POLICY NO. 0106352541 S

Issue Date 06/29/16 ACCOUNT 4557WA202

Page 2 of 3

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INSIGHT RISK MANAGEMENT THE NEXUS GROUP, INC.

4557WA202

0106352541 S

Include Account Number on the check.

Change of Address? Place an "X" here.

Print changes on reverse side.

AUGUST 08, 2016

TOTAL BALANCE \$110.00 PAYMENT MUST BE RECEIVED BY

TRAVELERS CL REMITTANCE CENTER PO BOX 660317 DALLAS, TX 75266-0317

ոլիրերի ով նավելի ինի հետ հետի վակարդումունի հիլի կրիի ի

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AMOUNT FNCLOSED



Notice of Cancellation

Account 4557WA202	
Page 3 of 3	
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