MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON

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OFFICE OF
INSURANCE COMMISSIONER

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HEARINGS UNIT
Fax: (360) 664-2782

Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

Patricia D. Petersen
Chief Hearing Officer
(360) 725-7105

Kelly A. Cairns
Paralegal
(360) 725-7002
hearings@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of **Mark S. Kinder,** **Applicant.**	**Docket No. D11-0036** **NOTICE OF HEARING** (CONTINUANCE OF HEARING DATE)

TO: Mark S. Kinder
7918 150th Street E
PO Box 731483
Puyallup, WA 98375

COPY TO: Mike Kreidler, Insurance Commissioner
Michael G. Watson, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Robin E. Aronson, Staff Attorney, Legal Affairs Division
Carol Sureau, Deputy Commissioner, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

On December 3, 2011, the Insurance Commissioner (OIC), by email letter, advised Mark S. Kinder (the "Applicant") that it had decided to deny his application for a Washington resident insurance producer's license. The OIC bases its decision on RCW 48.17.530(1)(h) which authorizes the OIC to refuse to issue a license where the applicant has *used fraudulent, coercive, or dishonest practices, or demonstrated incompetence, untrustworthiness, or financial irresponsibility in this state or elsewhere.* Specifically, the OIC appears to base its decision on a Consent Order the Applicant entered into with the Washington State Department of Financial Institutions (DFI) concerning the Applicant's mortgage broker's license.

By letter dated December 6, 2010 and filed by hand delivery with the OIC on February 24, 2011, the Applicant demanded an administrative hearing to contest the OIC's decision. The Applicant asserts that the consent order he entered into with the DFI regarding his mortgage broker's license does not include any agreement or determination that he *used fraudulent, coercive, or dishonest practices, or demonstrated incompetence, untrustworthiness, or financial irresponsibility in this state or elsewhere* as contemplated by RCW 48.27.530(1)(h) and that he is aggrieved by the OIC's decision because it prohibits him from earning a living for himself and his family.

Accordingly, on March 25, 2011 the undersigned held a first prehearing conference in this matter which included all parties. The OIC was represented by Robin E. Aronson, Esq., Staff Attorney in its Legal Affairs Division. The Applicant represented himself. The undersigned reviewed procedure to be expected at hearing and answered all questions and concerns of the parties. Finally, the parties agreed that this hearing should be held on May 13, 2011.

On April 18, 2011, the OIC filed a Request for Continuance requesting that the hearing be continued for 2 months, which was granted by the undersigned and the hearing was scheduled for June 23, 2011. Subsequently, for good cause shown, the hearing was continued again until August 25, 2011. On August 15, 2011, the hearings unit received communications from the Applicant that he was not available to attend the hearing scheduled for August 25, 2011. The undersigned held a second prehearing conference with all parties on August 22, 2011, to discuss the scheduling of the hearing. The parties agreed to reschedule the hearing to September 16, 2011.

Accordingly, **YOU ARE HEREBY NOTIFIED that a hearing will be held commencing on September 16, 2011, at 10:00 a.m. Pacific Standard Time.** The purpose of this hearing, which will include all parties, is to consider the Applicant's challenge to the OIC's decision to deny his application for a Washington resident insurance producer's license on the bases stated above.

The OIC will appear by and through Robin E. Aronson, Staff Attorney in its Legal Affairs Division. Ms. Aronson's address is Office of the Insurance Commissioner, Legal Affairs Division, P.O. Box 40255, Olympia, WA 98504-0255 and her telephone number is (360) 725-7181. The Applicant will appear and represent himself, although he may retain an attorney to represent him at any time. The Applicant's address is 7918 150th Street E, P.O. Box 731483, Puyallup, WA 98375 and his telephone number is 253-307-6498

Patricia D. Petersen, Presiding Officer, who serves as Chief Hearing Officer for the Office of the Insurance Commissioner, has been designated to hear and determine this matter. Her address is Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. Her telephone number is (360) 725-7105. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to her assistant, Kelly Cairns, at the same address or telephone number provided above.

The hearing will be held under the authority granted by the Commissioner under Chapter 48.04 RCW. The basic facts relied upon are those set forth above, which are more specifically included

in the OIC's above referenced December 3, 2010 letter and in the Applicant's above referenced demand for hearing dated December 6, 2010.

The hearing will be governed by the Administrative Procedure Act, Chapter 34.05 RCW, and the model rules of procedure contained in Chapter 10-08 WAC. All parties may be represented at the hearing. They may examine witnesses and fully respond and present evidence and argument on all issues involved.

As required by RCW 34.05.434(2)(i), you are advised that a party who fails to attend or participate in any stage of the proceeding may be held in default in accordance with Chapter 34.05 RCW.

Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by ch. 2.42 RCW. A Request for Interpreter form is attached to the original of this Notice, with instructions thereon.

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

Based upon the above activity,

IT IS HEREBY ORDERED that the adjudicative proceeding in this matter shall commence on September 16, 2011, at 10:00 a.m. Pacific Standard Time in the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA.

ENTERED AT TUMWATER, WASHINGTON, this 22nd day of August, 2011, pursuant to Title 48 RCW and specifically RCW 48.04 and Title 34 RCW and regulations applicable thereto.

PATRICIA D. PETERSEN
Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Mark S. Kinder, Mike Kreidler, Michael G. Watson, John F. Hamje, Esq., Robin Aronson, Esq., and Carol Sureau, Esq.,

DATED this 23rd day of August, 2011.

KELLY A. CAIRNS

HEARINGS UNIT
Fax: (360) 664-2782

Patricia D. Petersen
Chief Hearing Officer
(360) 725-7105

Kelly A. Cairns
Paralegal
(360) 725-7002
Hearings@oic.wa.gov

To request an interpreter, complete and mail this form to:

Chief Hearing Officer
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. 10-0236, before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

☐ I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

☐ I am unable to readily understand or communicate the spoken English language because:

- ☐ I am deaf.
- ☐ I have an impairment of hearing.
- ☐ I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____
Address: _____
_____
Telephone: _____