

STATE OF WASHINGTON

MIKE KREIDLER
STATE INSURANCE COMMISSIONER



P.O. BOX 40255
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OFFICE OF
INSURANCE COMMISSIONER

2012 MAR 26 A 11:09

HEARINGS UNIT
Fax: (360) 664-2782

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

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

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of)
) **Docket No. 12-0020**
TARA M. THOMPSON,)
) **NOTICE OF HEARING**
)
Licensee.)
_____)

TO: Tara M. Thompson
2611 South 74th Avenue
Yakima, WA 98903

COPY TO: Mike Kreidler, Insurance Commissioner
Michael G. Watson, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Marcia Stickler, 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 January 24, 2012, the Insurance Commissioner (OIC) issued an Order Revoking License, No. 12-0020, revoking the Washington resident insurance producer's license of Tara M. Thompson (Licensee). The OIC's Order was based upon a finding by OIC that Licensee diverted or appropriated funds received in a fiduciary capacity to her own use and engaged in fraudulent or dishonest practices. OIC asserts, briefly, that the Licensee (1) presented two separate false certificates/policies of insurance for the vehicle Licensee's father had recently purchased for her to the car dealership that sold the vehicle (which had the right to repossess if the vehicle was not properly insured); (2) misappropriated \$2,659.75 from the cash premium monies that were collected by the insurance agency Licensee worked for and which Licensee was responsible for logging into the log book before depositing the money into the premium trust account; and (3)

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took \$400 from a booster club box that Licensee's employer kept in his office, which Licensee had access to.

On February 27, the Licensee filed a Demand for Hearing to contest the OIC's Order. As the reason given for her Demand for Hearing, the Licensee stated that she would like to retain her license.

On March 12, 2011, the undersigned held a first prehearing conference in this matter, which included all parties. The OIC was represented by Marcia Stickler, Esq., Staff Attorney in the OIC's Legal Affairs Division. The Licensee appeared pro se. The undersigned reviewed procedure to be expected at hearing and answered all questions and concerns of the parties. Of note, the undersigned advised the parties that, pursuant to RCW 48.04.020(1), the OIC's Order Revoking License against the Licensee was automatically stayed prior to its taking effect and will remain stayed until the Final Order after hearing is entered. (The OIC's Order Revoking License being stayed means that the Licensee's insurance producer's license is still active, is not revoked, will remain active until – if it is determined after hearing, based on the evidence, the Licensee's activities support a revocation – the Final Order after hearing is entered by the undersigned.) Finally, the parties agreed that this hearing should be held on April 2, 2012, and continuing on each successive day until terminated.

Accordingly, **YOU ARE HEREBY NOTIFIED that a hearing will be held commencing on Monday, April 2, 2012, at 1 p.m. Pacific Standard Time, and continuing each successive day until terminated.** The purpose of this hearing, which will include all parties, is to consider whether the Order of Revocation, revoking the insurance producer's license of Tara M. Thompson, should be upheld, or set aside, or modified in some way such as imposing a suspension of her insurance producer's license and/or a monetary penalty in lieu of revocation.

The OIC will appear by and through Marcia Stickler, Staff Attorney in his Legal Affairs Division. Ms. Stickler'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) 725-7048. The Licensee will appear pro se, although she is advised that she may retain an attorney to represent her at any time. Her address is 2611 South 74th Avenue, Yakima, WA 98903 and her email address is tarathompson2002@gmail.com.

Patricia D. Petersen, Esq., 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 paralegal, Kelly Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

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

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specifically included in the OIC's above-referenced Order Revoking License and in Ms. Thompson's above-referenced Demand for Hearing.

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.

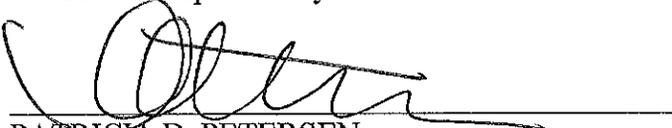
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by 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 Monday, April 2, 2012 at 1 p.m. Pacific Standard Time, continuing on each successive day until terminated, in the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA.

ENTERED AT TUMWATER, WASHINGTON, this 26th day of March 2012, 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: Tara M. Thompson, Mike Kreidler, Michael G. Watson, John F. Hamje, Esq., Marcia Stickler, Esq., and Carol Sureau, Esq.,

DATED this 26th day of March, 2012.


KELLY A. CAIRNS

HEARINGS UNIT
Fax: (360) 664-2782

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

Hearings Unit
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. 12-0020, 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: _____