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STATE OF WASHINGTON

Phone: (360) 725-7000  
www.insurance.wa.gov

MIKE KREIDLER  
STATE INSURANCE COMMISSIONER



OFFICE OF  
INSURANCE COMMISSIONER

*In The Matter of*

Alton Butler,

Licensee.

ORDER NO. 12-0030  
NPN 11568494  
WAOIC 731408

ORDER REVOKING LICENSE

To: Alton Butler  
2860 Christianson Avenue  
Enumclaw, WA 98022

**IT IS ORDERED AND YOU ARE HEREBY NOTIFIED** that your Washington State insurance producer license is **REVOKED**, effective February 25, 2012, pursuant to RCW 48.17.530, 48.30.210, and RCW 48.17.540(2).

**THIS ORDER IS BASED ON THE FOLLOWING:**

1. Alton Butler holds a Washington resident insurance producer's license, WAOIC # 731408, issued September 5, 2008.
2. On August 25, 2008, Alton Butler submitted an application for a resident producer license to the Office of the Insurance Commissioner. Question #2 on the application asked the applicant to disclose whether he or she has ever been involved in any administrative proceeding regarding any professional or occupational license. Mr. Butler answered "no" to this question. Mr. Butler failed to disclose that his Washington State registered nurse license was revoked by the Washington State Department of Health Nursing Care Quality Assurance Commission on July 31, 2008, with no right to seek reinstatement for at least 20 years.
3. By failing to report the existence of the administrative action to the Insurance Commissioner, Alton Butler violated RCW 48.17.597.
4. By failing to disclose that he had been involved in an administrative proceeding involving a professional or occupational license and that said administrative proceeding resulted in the revocation of his Washington State registered nurse license, Alton Butler violated RCW 48.17.090, which requires an individual applying for a resident producer license to declare under penalty of refusal, suspension, or revocation of the license that the statements made in the application are true, correct, and complete to the best of the individual's knowledge and belief.



5. Pursuant to RCW 48.17.530, the Commissioner may revoke the license of any insurance producer for providing incorrect, misleading, incomplete, or materially untrue information in the license application [RCW 48.17.530(1)(a)]; violating any insurance laws [RCW 48.17.530(1)(b)]; obtaining or attempting to obtain a license through misrepresentation or fraud [RCW 48.17.530(1)(c)]; or for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility [RCW 48.17.530(1)(h)].

**IT IS FURTHER ORDERED** that you return your insurance producer license certificate to the Commissioner on or before the effective date of the revocation of your license, as required by RCW 48.17.530(4). Return your license to: Licensing Manager, Office of the Insurance Commissioner, P O Box 40257, Olympia, WA 98504-0257.

ENTERED AT TUMWATER, WASHINGTON, this 7th day of February, 2012.

MIKE KREIDLER  
Insurance Commissioner

By   
Robin E. Aronson  
OIC Staff Attorney

**NOTICE OF YOUR RIGHT TO A HEARING**

If you are aggrieved by this Order, RCW 48.04.010 permits you to demand a hearing. Pursuant to that statute and others: You must demand a hearing, in writing, within 90 days after the date of this Order, which is the day it was mailed to you, or you will waive your right to a hearing. Your demand for a hearing must specify the reasons why you think this Order should be changed. Upon receipt of your demand for hearing, you will be contacted by an assistant of the Chief Hearing Officer to schedule a teleconference with you and the Insurance Commissioner's Office to discuss the hearing and the procedures to be followed.

Please send any demand for hearing to:

Office of the Insurance Commissioner  
Attention Patricia D. Petersen, Chief Hearing Officer  
Hearings Unit  
P.O. Box 40255  
Olympia, WA 98504-0255

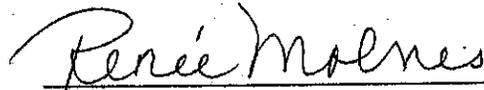
CERTIFICATE OF MAILING

The undersigned certifies under the penalty of perjury under the laws of the State of Washington that I am now and at all times herein mentioned, a citizen of the United States, a resident of the State of Washington, over the age of eighteen years, not a party to or interested in the above-entitled action, and competent to be a witness herein.

On the date given below I caused to be served the foregoing ORDER REVOKING LICENSE on the following individuals via US Mail.

Alton Butler  
2860 Christianson Avenue  
Enumclaw, WA 98022

**SIGNED** this 7th day of February, 2012, at Tumwater, Washington.

  
\_\_\_\_\_  
Renee Molnes



Please check action requested Initial License <input checked="" type="checkbox"/> Reinstatement _____ Name Change _____ Adding Lines _____	<b>STATE OF WASHINGTON</b> INDIVIDUAL INSURANCE LICENSE APPLICATION OFFICE OF INSURANCE COMMISSIONER US Postal Address: POB 40257, Olympia, WA 98504-0257 Physical Address: Insurance 5000 Bldg., 5000 Capitol Blvd. Tumwater, WA 98501 Phone: 360 725-7144 Fax: 360 586-2019
FOR OIC USE ONLY CIC/PIC <b>731408</b>	Date FP Sent _____ Date Processed <b>09-05-08</b>

**TYPE OF LICENSE**

<input checked="" type="checkbox"/> 1. AGENT Indicate Insurance Lines-- <input checked="" type="checkbox"/> LIFE Limited Lines <input checked="" type="checkbox"/> DISABILITY [ ] SURETY ONLY [ ] PROPERTY [ ] VEHICLE ONLY [ ] CASUALTY [ ] TRAVEL [ ] CREDIT LIFE & DISABILITY [ ] CREDIT CASUALTY	<input type="checkbox"/> 2. SOLICITOR ---Indicate Insurance Lines--- [ ] PROPERTY-CASUALTY [ ] LIFE & DISABILITY [ ] LIFE-DISABILITY-PROPERTY-CASUALTY	<input type="checkbox"/> 3. BROKER ---Indicate Insurance Lines--- [ ] 4. SURPLUS LINE BROKER [ ] 5. ADJUSTER [ ] INDEPENDENT [ ] PUBLIC [ ] 6. GENERAL AGENT
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1 Last Name <b>BUTLER</b> JR./SR. etc	2 First Name <b>ATLOW</b>	3 Middle Name <b>BERYL</b>	4 Date of Birth _____ (month) (day) (yr)
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5 Assumed name (DBA), if applicable. Assumed name (DBA) must be registered with the Dept of Licensing (360) 664-1400

6 Previous name, if requesting name change \_\_\_\_\_ Have you been licensed within the past 2 years?  Yes  No State \_\_\_\_\_

7 Residence/Home Address (Physical Address) <b>3206 ANTAQUUM RD #F</b>	8 City <b>Yakima</b>	9 State <b>WA</b>	10 Zip <b>98903</b>
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11 Applicant's Mailing Address (if different than above)	12 City	13 State	14 Zip
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15 Home Phone Number <b>(509) 948 3615</b>	16 Soc. Security Number _____
--	-------------------------------

17 Employer's Name **N/A**

18 Business Address (Physical Street) <b>3206 ANTAQUUM RD #F</b>	19 P.O. Box _____	20 City <b>YAKIMA</b>	21 State <b>WA</b>	22 Zip <b>98903</b>
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23 Business Phone Number ( ) - ( ) - ( )	24 Business Fax Number ( ) - ( ) - ( )	25 Business E-Mail Address _____	26 Business Web Site Address _____
--	--	----------------------------------	------------------------------------

27 Account for all time for the past two years. Give all employment experience starting with your current employer working back two years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (Surplus line broker applicants must account for past five years)

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	
<b>UNEMPLOYED</b>			<b>04</b>	<b>08</b>	<b>08</b>	<b>08</b>	<b>UNEMPLOYED</b>
<b>Willow Springs Care</b>	<b>Yakima</b>	<b>WA</b>	<b>03</b>	<b>04</b>	<b>04</b>	<b>08</b>	<b>Rehab Director RA</b>
Name _____	City _____	State _____					
Name _____	City _____	State _____					
Name _____	City _____	State _____					

### Background Information

② The Applicant must read the following very carefully and answer every question. All copies of documents must be photocopies or originals of the certified documents. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?

Yes   
No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a photocopy of the certified charging document, and
- c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

Yes  E119  
No

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and
- c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer?

Yes   
No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes   
No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes   
No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes   
No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) photocopies of all certified relevant documents.

### Applicants Certification and Attestation

Ⓢ The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Aug 25 2008  
Month Day Year

Allen B. Butler  
Original Applicant Signature

Allen Beryl Butler  
Full Legal Name (Printed or Typed)

### Attachments

Ⓢ The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. **Initial License Resident**—Score Reports, Pre-licensing Education Certificates, Appointment and/or Affiliation, a Fingerprint Card, Letter of Clearance, if licensed in another state within the last two years, and appropriate fees.
- Initial License Non-resident**—Appointment and/or Affiliation, if the state of domicile does not participate in the PDE, a Letter of Certification is required, a Fingerprint Card and appropriate fees.
2. **Reinstatement Resident Agent**—Appointment and/or Affiliation, Valid Certificates for 32 hours of approved continuing education and appropriate fees.
3. **Reinstatement Non-resident Agent**—Appointment and/or Affiliation, Letter of Certification from residence state and appropriate fees.
4. Bonding is required for resident and non-resident brokers and surplus line brokers. Please call (360) 725-7144 if further information is required.
5. Limited line licenses and Adjuster Licenses requirements vary, please call (360) 725-7144 if further information is required.
6. **Adding Lines Resident**—Score Reports, Pre-licensing Education Certificates, Appointment/Affiliation for additional lines, no additional license fee.
7. **Name Change**—\$5 fee
8. **Resident solicitor license**—Score Reports, Pre-licensing Education Certificates, a Fingerprint Card, Letter of Clearance, if applicable, and appropriate fees and the following must be completed:

Name of Employing Agent or Broker \_\_\_\_\_ PIC # \_\_\_\_\_

Signature of Employing Agent or Broker \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Fingerprint fees must be a separate company check, cashier's check or money order payable to the Washington State Patrol—ID Section.

INS-14 (06/05)



Print

### LICENSEE PROFILE

#### Individual Information

Last Name  First Name  Middle Name   
 SSN  DOB

#### Licensee Information

CIC/PIC #  WAOIC #  Formed Date   
 NPN  Resident  Yes  No  Discp.Block  
 CRD#  Online Registered? Yes  Documents  Online Documents   
 Are you a citizen of the United States?  Yes  No  
 Home State/Province License within last 90 days (If yes please specify most current)  Yes  No

#### Disciplinary Block

DON #  Action Date   Block  
 Comments   
 Action By

#### Doing Business As

#### Residence Address

Contact Name   
 Street 1   
 Street 2   
 City  Country   
 State / Province  Zip   
 Phone #  Extension  Fax   
 E-mail

#### Mailing Address

Contact Name

Street 1   
 Street 2   
 City  Country   
 State / Province  Zip   
 Phone #  Extension  Fax   
 E-mail

**Business Address**

Contact Name   
 Street 1   
 Street 2   
 City  Country   
 State / Province  Zip   
 Phone #  Extension  Fax   
 E-mail

**Licenses**

License Type	Lines	Effective Date	Expiry Date	Cancel Date	Status
Insurance Producer	L, D, P, C, VL	07/01/2009	04/29/2012		Active
Agent		09/05/2008	04/29/2010	07/01/2009	Moved to Producer

**CE Details**

Course #	Provider #	Course Title	Taught	Credit Hours	Ethic Hours	Compl. Date	Year
310521	35079	CONCEPTS AND HISTORY OF INSURANCE	No	2	0	01/18/2012	2012
604239	35079	HOMEOWNERS INSURANCE	No	1	0	01/18/2012	2012
292041	20097	SPRINKLER SYSTEMS FOR PROPERTY INSURANCE PROTECTION	No	1	0	10/18/2011	2012
607045	20097	HAZARDS OF WOODWORKING DUST COLLECTION AND PAINT BOOTHS	No	1	0	10/18/2011	2012
355025	12012	ETHICS COURSE 1	No	3	3	04/07/2010	2010
354464	35321	NFIP FLOOD INSURANCE TRAINING BE AN EXPERT	No	3	0	07/21/2009	2010
256410	12012	SERIES 6	No	20	0	03/19/2009	2010
256421	12012	SERIES 63	No	4	0	03/17/2009	2010

**Action Log**

Show All

Created On	Action	Comments	Created By
04/29/2010	RD - Renewal Processed Date	Insurance Producer License renewed on '4/29/201...	ALTON BUTLER
07/08/2009	OT - Other	THE CRD NUMBER '5645249' AND VARIABLE LINE HAS ...	Georgia Cooper
06/30/2009	OT - Other	License(s) Moved To Producer; AG.	PLMA Migration
01/19/2009	MA - Mailing Address Change	MLG Address: Street1: from 3206 AHTANUM RD #F t...	ALTON BUTLER
01/19/2009	RA - Resident Address Change	RES Address: ContactName: from to Al Butler St...	ALTON BUTLER
09/05/2008	OA - Original Address	Original Mailing Address: 3206 AHTANUM RD #F,YA...	Vanna Sharn

09/05/2008	OA - Original Address	Original Residence Address: 3206 AHTANUM RD #F,...	Vanna Sharn
09/05/2008	ON - Original Name	Original name of the Licensee: ALTON B BUTLER.	Vanna Sharn

**Link Payment**

Val. #	Val. Date	Val. Amount	Dist. Amount	Division	Payment Mode		
136936 	08/28/2008	124.25	0.00	Licensing	Check		
169990 	01/23/2009	120.00	0.00	Licensing	Cash		
276544 	04/29/2010	55.00	55.00	Licensing	Online Visa/MC		

Print

**LICENSE DETAILS**

**License Information**

License Type  Status  Cancel Date   
 Effective Date  Expiry Date  Formed Date

While conducting Insurance business in state of Washington, will you be acting as  
 (Please select both if you are planning to act as an Agent and Broker)  Agent  Broker

Home State License or RIRS/SAD lookup

Show Pending

**Full Lines**

Lines	Effective Date	Cancel Date	<input type="checkbox"/>
<input type="text" value="Property"/>	<input type="text" value="07/01/2009"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Casualty"/>	<input type="text" value="07/01/2009"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Life"/>	<input type="text" value="07/01/2009"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Disability"/>	<input type="text" value="07/01/2009"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Variable Line"/>	<input type="text" value="07/08/2009"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Limited Lines**

**Affiliation List**

Licensee	WAOIC #	Effective Date	Expiry Date	Cancel Date
DICKSON INSURANCE AND FINANCIAL SERVICES	241296	02/26/2010	05/20/2013	
FARMERS SERVICES INSURANCE AGENCY	195429	07/01/2009	06/14/2012	05/24/2010

**Appointment List**

Company Name	Company #	Appointment Date	Appointment Type	Expiry Date	Cancel Date
COAST NATIONAL INSURANCE COMPANY	500202	07/01/2009	Regular Appointment	09/12/2011	07/25/2011
FARMERS INSURANCE COMPANY OF WAS...	420	07/01/2009	Regular Appointment	07/28/2010	07/20/2010
FARMERS INSURANCE EXCHANGE	421	07/01/2009	Regular Appointment	05/11/2011	09/27/2010
FARMERS NEW WORLD LIFE INSURANCE...	423	07/01/2009	Regular Appointment	05/23/2013	07/21/2011
			Regular		

FIRE INSURANCE EXCHANGE	456	07/01/2009	Appointment	02/13/2012	09/27/2010
FOREMOST INSURANCE COMPANY	481	07/01/2009	Regular Appointment	01/02/2013	07/21/2011
FOREMOST SIGNATURE INSURANCE COM...	48242	07/01/2009	Regular Appointment	04/08/2012	07/21/2011
MID-CENTURY INSURANCE COMPANY	821	07/01/2009	Regular Appointment	06/15/2012	07/21/2011
TRUCK INSURANCE EXCHANGE	1330	07/01/2009	Regular Appointment	04/06/2012	07/21/2011





# Provider Credential Search

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The Washington Department of Health presents this information as a service to the public. This site provides disciplinary actions taken. It allows viewing and downloading of related legal documents since July 1998. Contact our Customer Service Center at (360) 236-4700 for information on actions before July 1998. This information comes directly from our database. It is updated daily.

This site is a Primary Source for Verification of Credentials.

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Credential Information  
for:

BUTLER, ALTON BERYL

Credential	Credential Type	First Issue Date	Last Issue Date	Expiration Date	Status	Action Taken
RN00110375	Registered Nurse License	09/14/1992	04/16/2007	04/29/2008	REVOKED	Yes

Master Case	Document Type
M2008-117464	<a href="#">Final Order</a>
M2008-117464	<a href="#">Summary Action Order</a>
M2008-117464	<a href="#">Stmnt of Charges</a>

### Disclaimer

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

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Comments or questions? [Submit an Inquiry](#)



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Alton B. Butler  
Master No.: M2008-117464  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

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*Memorandum of Interview*

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**Date:** October 17, 2011

**OIC Case #:** 1052325

**Name /Address of Person Interviewed:** Chad Buehler  
Pinnacle Brokerage  
12514 NE 162<sup>nd</sup> St  
Woodinville, WA 98072  
206-227-0610 / cbuhler@pbfirm.com

**Investigator Conducting Interview:** Allison Hanson

**Others Present During Interview:** No

**Location of Interview:** Tumwater, via telephone

**Interview Audio Recorded:** No

**Declaration Prepared:**

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On the above date in a phone interview, Chad Buehler stated that he worked with Al Butler in 2008 for one week. He said that Butler was let go although it was a mutual agreement. Buehler stated that Butler did not want to do things the way he was trained but do things his own way. He said that Butler had been warned with justification, he still did not comply and after 60 days, he was let go for lack of production. He said there was no formal termination letter, it was a mutual decision.

Buehler added that he did not see Butler as someone who is unethical, he just didn't like following directions. He said that Butler was stuck in his old ways thinking that his way was better and didn't want to listen to him. Buehler said that Butler was a great guy who had a lot of experience with family cancer, history of family illnesses which he was able to sympathize with people. Buehler stated that Butler indicated that he had been in the insurance business a long time.

When asked if Butlers' previous employment was verified, Buehler said no. He stated that Family Heritage Life conducts background checks and it came back clean, so Butler was appointed to Pinnacle Brokerage.

When asked if Butler discussed with him being an RN and that his RN license had been revoked, Buehler stated that he had no clue that Butler was an RN. If Butler said that he told him to call HQ regarding his license, than that would make sense, however, he does not recall being told Butler was an RN.

Buehler provided HQ phone number of 440-922-5200, ask for agent licensing, then option #1.

6



**Memorandum of Interview**

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**Date:** October 17, 2011  
**OIC Case #:** 1052325

**Name /Address of Person Interviewed:** Henry Grendell, Vice President and General Counsel  
Family Heritage Life Insurance Co. of America  
6001 E. Royalton Rd.  
Cleveland, OH 44147  
440-922-5240  
henry.grendell@familyheritagelife.com

**Investigator Conducting Interview:** Allison Hanson

**Others Present During Interview:** No

**Location of Interview:** Tumwater, via telephone

**Interview Audio Recorded:** No

**Declaration Prepared:** No

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On the above date, Henry Grendell stated that when an agent calls the licensing department at headquarters, a phone log is maintained showing the reason for the call. He quickly looked through the log and discovered an entry where staff contacted him to verify his driver license but he did not return their call. He said other than that, they show no record of him calling regarding his RN's license.

Grendell said that he would discuss this with more staff and provide a response via email.

**Hanson, Allison (OIC)**

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**From:** Grendell, Henry [Henry.Grendell@FamilyHeritageLife.com]  
**Sent:** Wednesday, October 19, 2011 11:46 AM  
**To:** Hanson, Allison (OIC)  
**Subject:** RE: Alton Butler  
**Attachments:** phone log sp 08182008.xls; img-X191434-0001.pdf

Ms. Butler:

Per your request, this is what we found about Mr. Butler. Mr. Butler was an independent contractor sales representative with Family Heritage for a short time (approximately 9 months in 2008-09). In fact, he had sales recorded only during 1 week in October, 2008.

I spoke with our Agent Licensing Department to see if any person spoke with Mr. Butler about this licensing question. No one recalled speaking with him. These employees also checked their telephone logs — they generally log their calls. One employee had a note that she called Mr. Butler to verify his driver's license, but it appears he never returned the call. (I attach a copy of the log). I also spoke with the Supervisor and Vice President of this department. Neither had any recollection of speaking with Mr. Butler.

I also reviewed Mr. Butler's agency file to see if there were any notes of conversations with him. I did not find any. When we spoke on the telephone, I did mention to you that our company typically requests new sales persons to fill out a "personal profile" with basic background information about themselves. Mr. Butler stated on his personal profile that one of the reasons he left his prior employment was "license revoked." I attach a copy of that document (I redacted the SSN, birth date and driver's license number — let me know if that causes any problems).

Let me know if you have any questions. Henry Grendell

Henry G. Grendell  
Vice President and General Counsel  
Family Heritage Life Insurance Company of America  
6001 East Royalton Road  
Cleveland, Ohio 44147  
telephone: 440-922-5240  
fax: 440-922-5249  
email: [henry.grendell@familyheritagelife.com](mailto:henry.grendell@familyheritagelife.com)

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**From:** Hanson, Allison (OIC) [<mailto:AllisonH@oic.wa.gov>]  
**Sent:** Monday, October 17, 2011 2:43 PM  
**To:** Grendell, Henry  
**Subject:** Alton Butler

Thank you for taking time to discuss Mr. Butler.

To recap our conversation, a copy of record of any and all phone calls/inquiries with Mr. Butler would be appreciated.

Please feel free to contact me if you have any additional questions.

Regards,

**Allison Hanson**

Senior Investigator

Legal Affairs Division

Washington State Office of the Insurance Commissioner

360-725-7049 | [allisonh@oic.wa.gov](mailto:allisonh@oic.wa.gov) | [www.insurance.wa.gov](http://www.insurance.wa.gov)

5000 Capital Blvd. Olympia, WA 98504

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TELEPHONE LOG

Name: Shannon Ponder

DATE	TIME	IN/OUT	SD	FROM/TO	TOPIC OF DISCUSSION
				Janel	
8/18	10-19	out		Picklesimer	I/m about getting physical address
	10-23	out		Angel Walker	she said Janel's physical address is on the license application as her business address and that she has lived there her whole life
	1-44	out		DeChelle I auria	no answer
	1-45	out	x	Grant Botkins	I/m about what level DeChelle recruits at
	1-49	in	x	Grant Botkins	gave me levels of hiring packets to send to DeChelle
				Misty	
	2-25	in		Zanfardino	got change of address
	2-30	out		Kelly Robinson	returned call; trying other number
	2-30	out		Kelly Robinson	returned call; I/m about change of address
	4-11	out		Ginger Gueffroy	I/m about return mail
	4-21	out		Victoria Salas	verified address
	4-26	in		Janel	got work history
	4-28	out		Picklesimer	got rest of work history, transferred to accounting
				David Oliver	
8/19	11-27	out		Becky Kasap	I/m about # of years at address
	11-43	in		Becky Kasap	got # of years at address
	1-05	out	x	Jeff Dorn	asked about paperwork, said originals in the mail, transferred to Paula A
	3-41	out		Tina Glover	no answer
	3-43	out	x	Jeff Dorn	I/m about Tina's paperwork, need to get physical address
				Jim Calhoun	
8/20	8-34	out		Jim Calhoun	I/m returning call
	8-43	in		Jim Calhoun	asked where exactly he needed to go to get MI license, transferred to LC
	10-19	out		John Phegley	I/m about faxing copy of M/A
	10-22	out		John Phegley	wanted to make sure I faxed a copy to the correct fax number yesterday
	11-11	out		Peter Palazzo	got corrected DL #
	11-12	out		Lorena	I/m work history 2003-June 06 (Walmart) 979-255-7551
	12-49	in		Avendano	wanted his mail switched to his PO Box, home address no longer functional
				Jerry Maddox	

8/21	9:48	out	GIS	asked about C. Marler's
	10:57	out	Lorena Averdano	got rest of work history
	1:45	out	Alton Butler	I/m about DL #
	2:03	in	LeKisha Gentry	gave me a change of address
8/22	1:04	out	Joseph	I/m about address history
	1:29	out	Tina Glover	I/m about physical address
	2:25	in	Joe Jacobsen	asked what level Marshall Miller left on, told him a 65/11, asked if he was ever on a different level, told him I could only see him c Marshall
				was under Phyllis Blankenship, told him Marshall was on a 60/10 under Phyllis, said he was working on getting personal profile fr

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MUR, PR, Fed

# FAMILY HERITAGE

Life Insurance Company of America

PERSONAL PROFILE - CONFIDENTIAL

ALL information must be completed

RECEIVED  
AUG 21 2008

Agent #: 21010

Sales Director: Sabero

PRINT CLEARLY

First Name <u>ATTOR</u>	M.I. <u>B</u>	Last Name <u>BUTLER</u>	By/Maiden Name	Social Security #		
Current Address - Street <u>3206 AHTadum rd # F</u>		City <u>Yakima</u>	State <u>WA</u>	Zip <u>98903</u>	Country <u>USA</u>	County <u>Yakima</u>
Previous Address - Street <u>271 Game Ridge Rd</u> <u>P.O. Box 544</u>		City <u>Selah</u>	State <u>WA</u>	Zip <u>98942</u>	Country <u>USA</u>	County <u>Yakima</u>
Business Address - Street		City	State	Zip	Country <u>USA</u>	County
Home Phone (C) <u>(509) 945-3615</u>	Business Phone ( )	Fax Number ( )	Incorporated Agency <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes - list TRS # (EIN)</small>			
Date of Birth	Sex <u>M</u>	Driver's License # & State	Name of relative (s) working/selling for Family Heritage - Indicate relationship			

E-Mail Address:

Answer All Questions	YES	NO
1. Has residence address change since last application for license in your home state? If yes, state MUST be notified.		X
2. Do you have any pending criminal charges or have you been convicted of a felony? If yes, provide documentation.		X
3. Have you ever been bankrupt? If yes, indicate year.		X
4. Have you ever been refused a bond? If yes, attach a separate sheet with explanation.		X
5. Have you ever been licensed or contracted with Family Heritage? If yes, attach a separate sheet with dates and position.		X
6. Does my insurer, insured or other person claim any indebtedness of you as a result of any insurance transaction or business? If yes, provide details.		X
7. Are there any outstanding judgments or liens (including state or federal tax liens) against you? If yes, attach a separate sheet with explanation.		X
8. Have you ever had an insurance license suspended/revoked by an insurance department or had a complaint issued against you by an insurance department? If yes, attach a separate sheet with explanation.		X

License - Copies of ALL licenses REQUIRED to be sent to Home Office. If not currently licensed, list states where license is requested and type of license requested. (Attach separate sheet if necessary)

State (s)	Accident & Health	Life, Accident & Health	Res.	Non-Res.
			✓	
				✓

Work Experience - Past Five Years - ALL 5 years must be fully accounted for, if unemployed or student, indicate dates (Attach separate sheet if necessary)

From Mo./Yr.	To Mo./Yr.	Company	City & State	Position	Reason Left
04/2008	08/2008	unemployed			
03/2004	04/2008	Willow Springs Care	Yakima, WA	Relief Director RN	Burn out License Revoked
10/1999	03/2004	Selah Convalescent Care	Selah WA	Staff RN	Low census + decreased hours

Have you ever sold for the Southwestern Company? YES  NO  If yes, number of summers \_\_\_\_\_

I understand and agree that I will not solicit insurance until I am permitted to do so by the state insurance department. I certify and represent that I will not violate any contractual obligations by soliciting insurance contracts for the FAMILY HERITAGE and that I do not possess (or will immediately return) any confidential information owned by any prior employer or insurer.

Further, I understand that I will be personally responsible for the business expenses associated with this licensing procedure. These expenses include, but are not limited to, background investigation fees, licensing, appointment fees and overnight carrier fees.

SIGNATURE: Attor B Butler

DATE: 8-13-2008