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OFFICE OF
INSURANCE COMMISSIONER

2012 JUN 14 P 12:15

HEARINGS UNIT
Fax: (360) 664-2782

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

Hearing Unit, OIC
Patricia D. Petersen
Kelly Cairns, Hearing Officer
Paralegal
(360) 725-7002
KellyC@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of)	Docket No. 12-0103
)	
SAM Y. CHAN,)	NOTICE OF HEARING
)	
Licensee.)	
_____)	

TO: Sam Y. Chan
14415 SE 188th Way
Renton, WA 98058-9333

Ronald J. Meltzer
Sinsheimer & Meltzer, Inc., P.S.
4780 Columbia Center
701 Fifth Avenue
Seattle, WA 98104

COPY TO: Mike Kreidler, Insurance Commissioner
Michael G. Watson, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Alan Singer, 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 April 17, 2012, the Insurance Commissioner (OIC) issued an Order Revoking License No. 12-0103, revoking the Washington resident insurance producer's license of Sam Y. Chan (Licensee). The OIC's Order alleges multiple violations of the Insurance Code by the Licensee, including violations of RCW 48.17.530(1)(a) and RCW 48.17.597(2). The OIC further alleges 1) that the Licensee violated RCW 48.30.210 when he confused and misled an elderly consumer by failing to reveal material facts while attempting to sell the consumer an indexed annuity and

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cash out an existing annuity owned by the consumer; and (2) that the Licensee, acting as a Notary Public, falsely notarized a document that had already been signed out of his presence. By these and other actions, OIC asserts that the Licensee has repeatedly used fraudulent or dishonest practices, and repeatedly demonstrated his untrustworthiness as contemplated by RCW 48.17.530(1)(h), and has failed to demonstrate good faith and practice honesty and equity in the business of insurance (RCW 48.01.030).

On April 26, 2012, the Licensee, by and through his attorney Ronald J. Meltzer, Esq. of Sinsheimer & Meltzer, Inc., P.S., filed a Demand for Hearing to contest the OIC's Order. As the basis of his appeal, the Licensee asserts that the allegations contained in the OIC Order are not legally or factually sufficient to support revocation of his license.

On May 22, 2012, the undersigned held a first prehearing conference in this matter, which included all parties. The OIC was represented by Alan Singer, Esq., Staff Attorney in the OIC's Legal Affairs Division. The Licensee was represented by his attorney Ronald J. Meltzer, Esq. 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. Finally, the parties agreed that this hearing should be held on August 22, 2012, and continuing on each successive day until terminated.

Accordingly, **YOU ARE HEREBY NOTIFIED that a hearing will be held commencing on Wednesday, August 22, 2012, at 10:00 a.m. Pacific Standard Time.** 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 Sam Y. Chan, should be upheld, or set aside, or modified in some way such as imposing a suspension of his insurance producer's license and/or a monetary penalty in lieu of revocation.

The OIC will appear by and through Alan Singer, Staff Attorney in the Legal Affairs Division. Mr. Singer's address is Office of the Insurance Commissioner, Legal Affairs Division, P.O. Box 40255, Olympia, WA 98504-0255 and his telephone number is (360) 725-7046. The Licensee will appear and will be represented by his attorney Ronald J. Meltzer, Esq. of Sinsheimer & Meltzer, Inc., P.S. Licensee's address is 14415 SE 188th Way, Renton, WA 98058-9333; Mr. Meltzer's address is 4780 Columbia Center, 701 Fifth Avenue, Seattle, WA 98104 and his telephone number is (206) 340-4700.

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 A. Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

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The hearing will be held under the authority granted by the Insurance Commissioner under Chapter 48.04 RCW. The basic facts to be relied upon are those set forth above, which are more specifically included in the OIC's above-referenced Order Revoking License and in Licensee'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.

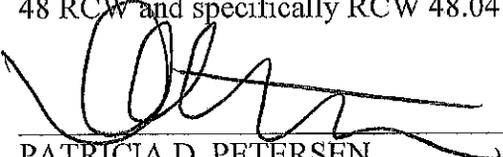
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by 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 Wednesday, August 22, 2012 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 14th day of June, 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: Sam Y. Chan, Ronald J. Meltzer, Esq., Mike Kreidler, Michael G. Watson, John F. Hamje, Esq., Alan Singer, Esq., and Carol Sureau, Esq.,

DATED this 14th day of June, 2012.



KELLY A. CAIRNS

HEARINGS UNIT
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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. 12-0103, 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: _____