

5/25/2012

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2012 JUN -7 A 9:49

INSURANCE COMMISSIONER
P.O. BOX 49255
OLYMPIA, WASHINGTON 98504-0255

Hearings Unit, D/C
Patricia D. Petersen
Chief Hearing Officer

Attn: Patricia Petersen, Chief Hearing Officer

RE: No. 12-0150 Revocation of Insurance License
for Kerry L. Hauf.

To Whom It May Concern:

I did receive your letter dated 4/20/2012 and I apologize for not responding to it. In the past 8 months my 80 year old father has had a traumatic brain injury requiring surgery and rehab, my brother-in-law was diagnosed with cancer, my mother diagnosed with breast cancer, my husband diagnosed with cancer, my father had a heart attack and had open heart surgery, my 7 month old granddaughter was diagnosed with cancer, my brother-in-law passed away and an aunt and an uncle passed away.

Understandably, my mind has been more than preoccupied and subsequent to all these tragedies my vacation and sick time from work exhausted. Because Pearson View has hours that are almost exactly the same as my work hours I have been unable to make an appointment to get in to get the fingerprint card redone.

I also do not understand what was wrong with the card, the employee at Pearson View that did the fingerprint card seemed to think it was good after she had repeated it about 5 times.

I guess I am requesting this order be revoked. I do not have time to take off for a hearing. I also do not have time to be working for Primerica selling life insurance, However, I do not want to lose my

license since I worked so hard to get it. I may one day find my life has settled down enough to want to use it.

I appreciate your time and attention to this matter.

Thank You,


Kerry L. Hauf
529 E. Frisbie Way
Rockford, WA 99030



OFFICE OF
INSURANCE COMMISSIONER

<i>In the Matter of</i>)	
)	No. 12-0150
KERRY LYNNE HAUF,)	
)	
Licensee.)	ORDER REVOKING LICENSE
)	

To: Kerry Lynne Hauf
529 E Frisbie Way
Rockford WA 99030

IT IS ORDERED AND YOU ARE HEREBY NOTIFIED that your license is REVOKED, effective June 11, 2011, pursuant to RCW 48.17.530 and 48.17.540 (2).

THIS ORDER IS BASED ON THE FOLLOWING:

The Commissioner sent you written inquiries dated February 3, 2012 and March 12, 2012. A certified letter was sent by US Postal Service to your mailing address on April 17, 2012. The certified letter was delivered to your address on April 20, 2012. These numerous attempts to communicate with you were related to the business of insurance, requesting a replacement fingerprint card. You did not respond to any of these requests. Each failure to respond promptly violated RCW 48.17.475. By not providing a legible fingerprint card for the purpose of your background check, you violated RCW 48.17.090.

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).

NOTICE CONCERNING YOUR RIGHT TO A HEARING. Please note that a detailed summary of your right to contest this Order is attached. Briefly, 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 briefly the reasons why you think this Order should be changed. If your demand for a hearing is received by the Commissioner before the effective date of the revocation, then

ORDER REVOKING LICENSE

No. 12-0150

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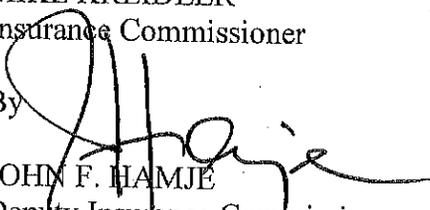
the revocation will be stayed (postponed) pending the hearing, pursuant to RCW 48.04.020. Upon receipt of your demand for a hearing, you will be contacted by an assistant of the Chief Hearing Officer to schedule a teleconference with you and the Insurance Commissioner's Office to discuss the hearing and the procedures to be followed.

Please send any demand for hearing to the Insurance Commissioner, to the attention of Patricia Petersen, Chief Hearing Officer, Hearings Unit, Office of Insurance Commissioner, P.O. Box 40255, Olympia, WA 98504-0255.

ENTERED AT TUMWATER, WASHINGTON, this 21st day of May, 2012.

MIKE KREIDLER
Insurance Commissioner

By


JOHN F. HAMJE
Deputy Insurance Commissioner

Program Analyst: Joe Mendoza

DECLARATION OF MAILING

I certify under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery of a true copy of this document to *Kerry Lynne Hauf*.

Dated: *May 21, 2012*
At Tumwater, Washington


Kathy J. Marshall