



**FILED**  
P.O. BOX 40255  
OLYMPIA, WA 98504-0255  
Phone: (360)725-7000

**OFFICE OF  
INSURANCE COMMISSIONER**

MAY - 1 P 12: 02

1  
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3  
4 IN THE MATTER OF:

5 JOSEPH M. TOBEY,

6 Licensee.

NO. 13-0014  
Hearings Unit, DIC  
P.O. Box 40255  
Chief Hearing Officer  
**OFFICE OF THE INSURANCE  
COMMISSIONER EXHIBIT LIST**

7  
8 COMES NOW the Office of the Insurance Commissioner (OIC) and provides  
9 the following list of exhibits it may use at the hearing scheduled in this matter. The OIC  
10 reserves its right to amend its exhibit list for good cause shown.

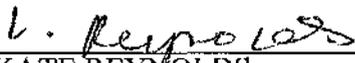
- 11 1. Combined Insurance Field Compliance Investigation and Summary Report  
12 dated November 3, 2011;
- 13 2. Combined Insurance termination letter to the OIC dated November 14, 2011;
- 14 3. Letter to Allison Hanson from Kemberli King regarding telephone calls dated  
15 March 16, 2012;
- 16 4. Audio CD: October 10, 2011 telephone call to Combined Insurance, October  
17 27, 2011 telephone call to Combined Insurance, and November 4, 2011  
18 telephone call to Jerome Haydter from DJ Fain;
- 19 5. Combined Insurance documents regarding Vicki Haydter;
- 20 6. Email to Allison Hanson from Joseph Tobey dated June 5, 2012;
- 21 7. Declaration of Jerome Haydter dated June 6, 2012;
- 22 8. Email to Allison Hanson from Angela Trombley dated May 23, 2012  
23 forwarding an email from [randy.lybbert313@gmail.com](mailto:randy.lybbert313@gmail.com);
- 24 9. Combined Insurance documents regarding Randy Lybbert;
- 25 10. OIC Memorandum of Interview for Randy Lybbert dated May 31, 2012;



- 1 11. Email to Allison Hanson from DJ Fain dated May 29, 2012 regarding Joseph  
2 Tobey's email address;
- 3 12. Email to Allison Hanson from Angela Trombley dated May 23, 2012  
4 forwarding an email from [fsfranksherlock@gmail.com](mailto:fsfranksherlock@gmail.com);
- 5 13. Combined Insurance documents regarding Frank Sherlock;
- 6 14. Email to Allison Hanson from Angela Trombley dated May 23, 2012  
7 forwarding an email from [kisharasimerman@gmail.com](mailto:kisharasimerman@gmail.com);
- 8 15. Combined Insurance documents regarding Kishara Simerman;
- 9 16. OIC Memorandum of Interview for Kishara Simerman dated May 31, 2012;
- 10 17. Email to Allison Hanson from Angela Trombley dated May 23, 2012  
11 forwarding an email from [whiting.brucewhiting.bruce@gmail.com](mailto:whiting.brucewhiting.bruce@gmail.com);
- 12 18. Combined Insurance documents regarding Bruce Whiting;
- 13 19. Declaration of Bruce Whiting dated June 13, 2012;
- 14 20. OIC Investigations Unit Audio Recorded Statement for Joseph Tobey dated  
15 June 20, 2012;
- 16 21. Audio CD: Interview of Joseph Tobey conducted by Allison Hanson;
- 17 22. Declaration of Joseph Tobey dated June 20, 2012.

18 RESPECTFULLY SUBMITTED this 1st day of May, 2013.

19  
20 MIKE KREIDLER  
Insurance Commissioner

21   
22 \_\_\_\_\_  
KATE REYNOLDS  
23 Staff Attorney, Legal Affairs  
Office of the Insurance Commissioner  
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## Field Compliance Investigation & Summary Report

Agent Name/Code	JOSEPH TOBEY (GTZZ)	MD/Div	TIM MANRY (46)
Date:	11/3/11	Field Compliance Investigator	DJ FAIN
Source	CUSTOMER SERVICE		
Violation Type	REPLACEMENT / FRAUD		
<b>Final Decision</b> (attach copies of warning, documented discussion, etc...if zero tolerance send back-up to licensing):			
TERMINATION FOR VIOLATION OF COMPANY ZERO TOLERANCE-FRAUD ON 11/11/2011.			
<b>Summary of Investigation:</b>			
<p>There is evidence to support that agent Joseph Tobey violated Company zero tolerance policy (fraud) by submitting application T6079601 on Lori Kemp and listing Steven Farnum as a dependent spouse, when in fact Mr. Farnum was Lori Kemp's brother and not eligible to be placed on the policy as a dependent. The agent also admitted to calling Customer Service on 10/10/11 and impersonating customer Jerome Haydter in order to cancel existing coverage. There is also evidence to support that Joseph Tobey was actively replacing existing coverage with new CSM coverage. Finally, while the agent did not admit to it, there is evidence to support that the agent may have created false email (gmail) accounts in order to impersonate the customer and cancel existing coverage; three customers have verified that the email address that sent the cancellation request was not there's, nor did they send a email to cancel. Final recommendation is termination of agent's employment for violation of Company zero tolerance policy which was executed on 11/11/11.</p>			
<b>Interview Summary (include participants, location, dates, details):</b>			
<b>JOSEPH TOBEY (GTZZ) - 11/11/11 INTERVIEW SUMMARY</b>			
Participates: DJ Fain (Field Compliance), Div Mgr Kevin Dietz, & MD Tim Manry			
Emails rec'd on 10/25/11 to cancel customers Kishara Simerman, Bruce Whiting, Randy Lybbert, & Frank Sherlock.:			
<ul style="list-style-type: none"> <li>• Per the agent he did not send these emails.</li> <li>• Agent could not provide explanation on who sent the emails.</li> <li>• Agent did indicate that the customers wanted to cancel their existing coverage to purchase the new AP coverage.</li> <li>• Agent did indicate that he informed the customers that he could not cancel for them and that the AP coverage was an enhancement of existing coverage.               <ul style="list-style-type: none"> <li>○ Agent stated that he told the customers that they could cancel by either calling into customer service, faxing, writing or emailing their cancellation request to Combined Insurance.</li> </ul> </li> <li>• Agent did admit to calling on 10/27 concerning Bruce Whiting's cancellation but stated he did not have anything to do with the customer's emailed cancellation and was only helping the customer by trying to verify the Company received the cancellation request.</li> </ul>			
Haydter application:			

- Agent indicated the lead document did not show Vicki Haydter as having a cancer policy in force, which is why he said CAP T4302958.
- Agent indicated that the customer expressed frustration with cancellation process and asked him to cancel their existing policies for them.
- Agent admitted to making a call on 10/10 to Customer Service pretending to be Jerome Haydter, but did so to make the process easier and simpler for the customer.
  - Initially the agent indicated that he did not know anything about the call made on 10/10 and it wasn't until I asked the agent if his phone # was 206-852-1739 did the agent then admit to the making the call.
- Ddd

#### Kemp family apps:

- Agent indicated that the customers wanted to cancel their existing coverage and purchase the new AP coverage, which is why the agent had the customer call Customer Service.
- Agent admitted to permitting the mother (Lori Kemp) to sign applications T6079598 (Amy Kemp) & T4165305 (Keith Kemp).
  - Agent explained that there are a lot of leads that he saw customer's who had coverage but did not know they had coverage, which lead him to believe that he is able to permit the payor to sign the apps for the customer.
    - Originally, the agent started to state that he was taught in sales school that the payor could sign for the applicant/insured.
- Agent admitted to knowing that Steven Farnum was Lori Kemp's brother and not a dependent spouse.
  - Agent stated that since Lori and Steven have a business relationship that he thought that Steven could be listed as a dependent for Lori's policy.

#### Laurette Delves:

- Agent explained that when he contacted Ms. Delves to set up the initial appointment she had indicated to him that she wanted to cut back on her coverage due to the premiums not being affordable for her.
- The agent explained that his only motivation with Ms. Delves was to make it so that she had comparable coverage at a lower premium which is why he had her cancel her existing IP/CAP/CCS/AP/ASP/SIP...and then proceeded to write Ms. Delves an IP/ASP/CCS.
- Per the agent, he was saving her \$40-50 monthly by doing this...did not appear the agent understood that he had essential replaced exactly the same policies that Ms. Delves originally had with the same exact coverage, minus the AP & SIP coverage...and that's why the premium was \$40-50 less.

During the course of the interview I also asked the agent if he remembered going through the Commission Employee Handbook in sales school...the agent acknowledge yes he did. I also confirmed that this included training on zero tolerance and business conduct rules...again he confirmed yes.

The agent also kept stating that in sales school he was told that replacement was a zero tolerance offense, so I asked Joseph to explain to me why he would be actively out there replacing coverage if he believed that this was a ZT violation...agent did not have an explanation. Agent did try to shift blame over to his training by stating that he has been field trained to tell the customers the sale is an enhancement of their existing coverage and that if the customer indicates they wish to cancel to simply say that is up to the customer. Agent did not offer any indication that he would try to conserve any business if the customer indicated they wanted to cancel.

I wrapped up the interview by restating everything that had been discussed in a quick summary and asking the agent if I was understanding his statements correctly and the agent acknowledged affirmatively. I then proceeded to explain that I would need for him to provide a written statement (signed/dated) to all the different situations that we discussed and that MD Tim Manry could fax to me later that day, but that until a final decision on this situation was completed my recommendation was that he be pulled from the field and not permitted to represent Combined Insurance. At this point Div Mgr Kevin Dietz confirmed that was okay. The call was ended.

**Investigation Details (attach all supporting back-up):**

We conducted initial review of Joseph Tobey's production based on the '2<sup>nd</sup> Silver AP/ASP' report and due to the agent's short tenure with the Company it was difficult to gage whether there are red flag issues with his replacement activities.

10/25/11 – Rec'd email requesting we investigate several emails rec'd from customers cancelling coverage. The wording of the emails appeared similar, the customers were all lived in the same vicinity in Washington and all were rec'd by the Company on 10/25/11. The original belief was that a former agent was contacting policyholders and replacing coverage.

**Kishara Simerman (ID #378253463)**

- 10/25 – Email rec'd from [kishmarasimerman@gmail.com](mailto:kishmarasimerman@gmail.com) requesting cancellation of policy T3090870 (Hero).
- 10/31 – Field Compliance (DJ Fain) contacted Ms. Simerman to inquire into the cancellation request. Per Ms. Simerman:
  - She did not send any emails to Combined Insurance to cancel T3090870.
  - Her correct email address is [kishme7@gmail.com](mailto:kishme7@gmail.com).
  - Agt Joseph Tobey contacted her the week prior to upgrade her coverage...Ms. Simerman indicated the agent told her "...the Company updated the coverage to save her money (\$7) and increased benefits...".
  - Ms. Simerman was unaware her previous policy was being cancelled, but thought she had just upgraded the coverage.
  - Ms. Simerman did verify she provided the agent was the initial premium and told him that she wanted it to continue billing her checking account.
  - Ms. Simerman believes that the agent was there on the 25<sup>th</sup> or 26<sup>th</sup> (October).
  - Ms. Simerman did verify the agent reviewed her old coverage and also the new benefits, but she assumed the new was upgrading the existing.
- I verified for Ms. Simerman that Joseph Tobey is an employee of CICA and that it appears that she replaced T3090870 with a new policy, but that at that time I was unable to see the new coverage she applied for due to it not being rec'd by the Home Office and that it would be several days before I could verify that information.
  - Ms. Simerman asked if I could explain her coverage with her so that she understood the differences between what the old vs new covered...I explained that someone would contact her once the new coverage arrives at the Home Office to explain the differences.
- Eft

**Randy Lybbert (ID #362861776)**

- 10/25 Email rec'd from [randy.lybbert313@gmail.com](mailto:randy.lybbert313@gmail.com) requesting cancelling of policy P9790951 (Hero).
- 10/31 Field Compliance contacted Mr. Lybbert and verified the following information:
  - Mr. Lybbert did not send any email to the Company requesting cancellation.
  - Mr. Lybbert meet with agt Joseph Tobey the week prior (10/25 or 10/26 ???)
  - Mr. Lybbert did want to replace his existing coverage with the new policy.
  - Mr. Lybbert explained that the agent did compare the old vs new coverage.

- Mr. Lybbert indicated the agent was to handle the cancellation of his existing coverage...the agent did not explain to Mr. Lybbert that he would need to call in or write to the Company to cancel his own policies.
- Mr. Lybbert also verified that the agent did inform him that he could keep both policies if he wanted.
- I verified for Mr. Lybbert that Joseph Tobey is an employee of CICA
- Fff
- Fff

**Bruce Whiting (ID #371913972)**

- 10/25 Email rec'd from [whiting.brucewhiting.bruce@gmail.com](mailto:whiting.brucewhiting.bruce@gmail.com) requesting cancellation of T0518970.
- 10/27 agt Joseph Tobey contacted the Call Center stating *"I was just updating him (Bruce Whiting) the other day and he had said he sent you guys an email to cancel his policy and he hasn't gotten a response from you guys. And he said he does not want to talk to anybody...what is his procedures to cancel his policy?...because he does not want to pay the \$25 to stop payment on the draft."*
  - The call center rep told the agent the draft was already stopped and he should be getting a notice shortly confirming this.
- 11/11 Field Compliance contacted Mr. Whiting and verified:
  - Mr. Whiting did not send email to cancel.
  - Mr. Whiting met with agt Joseph Tobey the week prior.
  - The agent told him the company reduced premiums and increased benefits.
  - The agent did do a comparison of new vs old and Mr. Whiting was aware there are some benefits that he would lose by cancelling the existing coverage, but at the time he saw more value in the new coverage.
  - Mr. Whiting could not verify if the agent actually informed him that he could keep both the old and the new.
- I explained to Mr. Whiting that agt Joseph Tobey is an employee of CICA and that it appears that he replaced his old coverage with a new policy, but that I can not see exactly what coverage was recently purchased due to it not being rec'd by the Home Office yet and this may take several days before it is actually rec'd and uploaded into the system for viewing.
  - Mr. Whiting asked if someone could contact him to review the old vs new so that he can make sure he is keeping the coverage that is best for him.
- During my conversation with Mr. Whiting, he made several reference to the fact that he told the agent that he was not concerned with the \$13 monthly the agent kept reiterating that he could save by changing...he was more concerned with making the benefits were comparable. *I was given the impression that if the agent presented him the new coverage as 'in addition' that Mr. Whiting may have purchased the new coverage and kept his old coverage.*

**Frank Sherlock (ID #361075162)**

- 10/25 Email rec'd from [fsfranksherlock@gmail.com](mailto:fsfranksherlock@gmail.com) requesting cancellation of P8870400 (Hero) & R6981928 (Ship).
- 10/31 Field Compliance attempted to contact Mr. Sherlock but the phone number on the system is 'no longer in service'
- 11/2 Rec'd production package from Diversified and the phone # on initial premium check

425-259-1927...left several messages.

**Production Week 10/24/11** – Agt Joseph Tobey submitted the following applications totaling \$5379 apv.

- 10/24/11 - T6079445 (AP Ind Gold \$16.50 mo) on Kishara Simerman
  - Based on documents faxed to me by Ms. Simerman it does not appear that all the documents were completed in full with the customer.
    - Ms. Simerman's conditional receipt/automatic premium collection (APC) authorization is missing City/St/Routing#/date/ph #/PBD and the entire bottom portion of the receipt is incomplete and her name is only partially completed.
    - Ms. Simerman's credit card authorization is missing approval code/policy type/sale type/charge type/date/PBD
- 10/24/11 – T6079442 (AP Ind Gold \$16.50 mo) on Randy Lybbert.
- 10/24/11 – T6079444 (AP Ind Gold \$16.50 mo) on Bruce Whiting.
- 10/24/11 – T6213239 (ASP Ind Silver \$42.14 mo) on Frank Sherlock.
- 10/24/11 – T6079443 (AP Ind Gold \$16.50 mo) on Frank Sherlock.
- 10/24/11 – T6213527 (ASP Single Parent Silver \$46.14 mo) on Cheryl Jackson.
- 10/25/11 – T6081766 (IP \$277.50 mo) on Cheryl Jackson.
- 10/26/11 – T6081763 (AP Ind Gold \$16.50 mo) on Satomi Hirai.

**\*Agent Joseph Tobey reviewed all the above customer's coverage per the Self Service web portal between 10/23-10/24 (except for Cheryl Jackson...this customer may be new face customer-no records appear on ASIQ name search).**

#### **INSPECTIONS RESULTS FOR OCTOBER PRODUCTION**

**\*Agent submitted approximately \$15681 apv for the month of October with \$5739 apv being potential replacement (36.6%)**

- **Production Week 10/03** – submitted \$4448 apv (46.5% submitted appears to be replacement).
  - T6080947 (IP \$2k/30/6mos), T6080946 (ASP Silver), & T4297244 (CCS \$25k) on Laurette Delues.
    - 10/10 Policyholder (PH) contacted Customer Service (CS) to cancel existing policies T4302714 (CAP), T4302715 (CCS \$25k), T4161869 (ASP Silver), T4161870 (IP \$1750/30/6mos), T4161871 (AP Gold), & P4247304 (SIP)...during the call the customer stated that the agent was there and consolidated her coverage and that he told she would need to cancel these older policies in order to get the new coverage. Per the customer the agent assured her she was getting the exact same benefits she had, but at a reduced cost.
    - T4161870 –was withdrawn by applicant...not 100% sure why, but it was re-submitted production week 10/17 when agent submitted T4165304 (\$1750/30/6mos) and this application was approved.
  - T6079410 (ASP) on Jacki Crow.
    - 10/14 PH contacted CS to cancel P4044307 (DAP) & P3925887 (Hero)...during the call the customer expressed frustration when she learned the new coverage

*was not the same as her existing coverage because the agent told her that the benefits were the same, just a reduced cost.*

- Customer was unaware that she was losing disability coverage.
- Customer cancelled new coverage.
- **Production Week 10/10** – Agt submitted \$2235 apv (54.3% of submitted production appears to be replacement).
  - T6079598 (AP) on Amy Kemp replacing G6680961 (IBA), G6657801 (DIA), G8187505 (HIP).
  - T4165305 (AP) on Keith Kemp replacing G6680962 (IBA), G6657802 (DIA), & G8187506 (HIP).
  - T6079601 (AP) on Lori Kemp (mother of Keith & Amy Kemp) replacing H7717388 (DIA), H4885566 (HIP), & H8573284 (HIP).
    - Mrs. Kemp also cancelled the following policies on her brother Steven Farnum - T3090408 (Hero), M2670206 (DIA), & M4092822 (HIP)
    - 10/13 Mrs. Lori Kemp contacted CS to cancel the above policies...*during the call Mrs. Kemp indicated that they were enhancing their existing coverage and they needed to cancel older policies.*
      - Agt was in the back ground and it sounded as though he was coaching the PH on what to do.
      - The CS rep was trying to make sure the customer understood the differences between the new vs old coverage...the PH was clearly confused...Agt finally got on the phone with the CS rep and explained that the customer was cancelling the older coverage because they wanted the increased hospital admission benefit.
    - T6079601 is an Ind/Spouse policy with Steven Farnum listed as the dependent spouse...*per the 10/13 cancellation call made by the PH, Steven is her brother not spouse.*
    - **11/3 Field Compliance (DJ Fain) contacted Lori Kemp to inspect the applications on Amy, Keith and herself.**
      - **Lori Kemp verified that Steven Farnum is her brother...NOT spouse.**
      - **Lori also verified that Amy & Keith both were not present at the time the applications were purchased and that the agent had her sign the applications for them.**
  - T4302958 (CAP) on Vicki Haydter (64 yrs old) replacing P7818382 (CAP 2003) & T3090407 (Hero).
    - 10/10 Jerome Haydter (73 yrs old) contacted CS to cancel the coverage on his wife and his own coverage:
      - During the call the PH indicated they were cancelling because both of them are no longer working regularly and did not need the coverage and they need to reduce expenditures.
      - PH also indicated that he was on Medicaid (may have been confused...Medicare) and also indicated his wife has similar benefits through the state (wife is only 64).
    - **11/4 Field Compliance (DJ Fain) contacted Jerome Haydter to inspect the sale of T4302958:**

- **Verified applicant is not on Medicaid (on Medicare)**
- **Verified that Mr. Haydter did not make any call to cancel his coverage, but rather the agent said he would handle.**
  - PH gave customer the last 4 digits of his SS#.
  - Call was from agt's cell #206-852-1739.
- **Production Week 10/17 – Agt submitted \$3979 apv (29.2% of submitted production appears to be replacement).**
  - T6080950 (AP) on Tom Bowery replacing T2201393 (DAP), R7743416 (CAP), R6994722 (Hero).
    - 11/1 PH contacted CS to cancel and during the call indicated that the agent told him that once he receives new policy in the mail he should cancel his existing coverage:
      - CS rep explained that there were benefits in the DAP that he did not have with the new coverage the PH indicated that he believed the agent told him the coverage was exactly the same but at reduced cost...PH decided not to cancel any coverage at this time and indicated he would contact the agent to discuss further.
- **Production Week 10/24 – Agt submitted \$5379 apv (24% of submitted production appears to be replacement)... SEE ABOVE FOR DETAIL**



Insurance Commissioner  
RECEIVED

NOV 21 2011

November 14, 2011

Licensing

Washington Commissioner of Insurance  
Attn: Agent Licensing Division  
P.O. Box 40257  
Olympia, WA 98504-0257

RECEIVED

NOV 30 2011

Investigations & Enforcement

Re: Termination for Cause – Joseph Tobey (License # 226086)

To Whom It May Concern:

Please be advised Joseph Tobey's (SSN: [REDACTED]) employment with Combined Insurance Company of America (62146) terminated for cause due to replacement and fraud.

Enclosed please find a copy of the investigation material that led to this decision as well as copies of the applications in question.

If you should require any additional information or have any further questions regarding this matter, I can be contacted directly by phone (312) 351-8193, fax (312) 351-6905 or email [kemberli.king@combined.com](mailto:kemberli.king@combined.com).

Very truly yours,

A handwritten signature in black ink, appearing to read "Kemberli King", written over a horizontal line.

Kemberli King  
Licensing Administrator  
Combined Insurance



RECEIVED

MAR 15 2012

Investigations & Enforcement

March 16, 2012

Allison Hanson, Senior Investigator  
Washington Insurance Department  
Legal Affairs Division  
5000 Capital Blvd.  
Olympia, WA 98504

Dear Ms. Hanson:

Pursuant to your February 15, 2012 emailed correspondence, enclosed please find a CD with the requested phone calls involving Joseph Tobey. Additionally, a phone call our investigator made to policyholder Jerome Haydter on 11/4 has been added to the CD as well.

- 10/10/11 (3:40:43 to 3:50:23 pm) from phone 206-852-1739 - We believe this is Mr. Tobey impersonating the policyholder Jerome Haydter.
- 10/27/11 (12:06:02 to 12:07:45 pm) from phone 206-852-1739 - Mr. Tobey is calling on behalf of the policyholder Bruce Whitting. The phone number is the same phone number from the 10/10/2011 phone call from Jerome Haydter.
- 11/4/11 (1:19:59 to 1:26:43pm) to phone 425-222-5306 - Investigator DJ Fain calls policyholder Jerome Haydter. Mr. Haydter verifies that he did not make the call to Combined.

Finally, we've reviewed all phone logs and no additional phone calls regarding this investigation were found. Please see the below breakdown of the phone calls received.

Frank Sherlock - No phone calls from 10/10-10/27.

Kishara Simerman - No phone calls from 10/10-10/27.

Randy Lybert - 10/20 from Alexis Thomas (book keeper - 1st Choice Financial) - Called for the fax number to the claims department.

10/25 from Alexis Thomas - Called regarding the 10/21/2011 claim documents.

If you should require any additional information or have any questions regarding the above, please feel free to contact me at 312.351.8193, Fax 312.351.6905 or via email at [kemberli.king@combined.com](mailto:kemberli.king@combined.com).

Very truly yours,

A handwritten signature in cursive script that reads "Kemberli King".

Kemberli King  
Chicago Licensing  
Combined Insurance

Combined Insurance

888.971.5050 options 2,4,2,1,2 •• [www.combinedinsurance.com](http://www.combinedinsurance.com)

TOBEY DISC-0153

Page: 1 Document Name: untitled

NAME-RES \*\*\* GENERAL DATA \*\*\* BUS-DATA ID: 343617353  
 VICKI L HAYDTER FALL CITY LIQUOR STORE OWNER  
 4933 S35TH AVE SE 33625 REDMAN FALL CITY RD 425-222-5306  
 FALL CITY WA FALL CITY WA 425-222-5306  
 98024-9615 98024

BIRTH 19 SEX CON SPL DIV CAN LIF -SIP- FMT LNG C/O CC A-D-D PND ORACLE MAIL  
 F Y Z O 00 00 D E N 00-00 0 000000000 00-00  
 \*\*\*\*\*

POLICY	FORM	COV	C	DOB-DATE	STS	PREM	SYM	APP	TYP	RT	BF	ACT-DATE	ISS-DATE
01	E3090407	10265	Y	11-11-11	01	114.40	&		K	4	8	11-10-11	03-11-09
02	P7818382	16122	C	11-11-11	01	241.00	&	A				11-10-11	03-11-09
03	T4302958	16075	U	00-00-00		40.42		5				00-00-00	10-10-11

RQST/PT4 NEW-RQST/PT5 RETURN/PT6 COPY/PA1

MSG:

DISPLAY= GD TYPE= P KEY= T4302958 CMD=

T4302958 (CAP) on Vicki Haydter (64 yrs old) replacing P7818382 (CAP 2003) & T3090407 (Helo)

- 10/10 Jerome Haydter (73 yrs old) contacted CS to cancel the coverage on his wife and his own coverage
- During the call the RH indicated they were cancelling because both of them are no longer working regularly and did not need the coverage and they need to reduce expenditures.
- RH also indicated that the he was on Medicaid (may have been confused Medicare) and also indicated his wife has similar benefits through the state (wife is only 64)
- 11/4 Field Compliance (DJ Pain) contacted Jerome Haydter to inspect the sale of T4302958:
  - Verified applicant is not on Medicaid (on Medicare)
  - Verified that Mr. Haydter did not make any call to cancel his coverage, but rather the agent said he would handle.
    - RH gave customer the last 4 digits of his SS#
    - Call was from agt's call #206-862-1739

Date: 11/3/2011 Time: 3:41:37 PM



Section 1 - BASIC INFORMATION (Required for all products)

INSURED'S FIRST NAME: *J. Vicki*      SOCIAL SECURITY NUMBER: *L. Hyster*

INSURED'S RESIDENCE ADDRESS: *4933 385th Ave SE*      HOME PHONE NUMBER: *425 227 5306*

CITY: *Salt Lake*      STATE: *UT*      ZIP: *84108*

INSURED'S AGE: *64*      CALL TYPE ADDRESS:  Home       Business      POLICY NUMBER: [REDACTED]

INSURED'S OTHER ADDRESS (IF DIFFERENT FROM RESIDENCE): [REDACTED]      SOCIAL SECURITY NUMBER: [REDACTED]

CITY: [REDACTED]      STATE: [REDACTED]      ZIP: [REDACTED]

Is any person applying for coverage on Medicaid? YES  NO  Will this policy replace any existing policies? YES  NO

An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:

Home Business ( ) Additional No. (Call) ( )

6:30 am - 8:00 am  8:00 am - 12:00 pm      12:00 pm - 6:00 pm      6:00 pm - 6:00 pm      After 6:00 pm

(Optional for other coverages.)

INSURED'S BUSINESS NAME: [REDACTED]      BUSINESS PHONE NUMBER: [REDACTED]

BUSINESS ADDRESS: [REDACTED]

CITY: [REDACTED]      STATE: [REDACTED]      ZIP: [REDACTED]

(Required if Payer different from Insured.)

PAYOR'S FIRST NAME (IF OTHER THAN INSURED): *Jerry Hyster*      PAYER'S LAST NAME: *Hyster*

PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED): [REDACTED]

CITY: *Salt Lake*      STATE: *UT*      ZIP: *84108*

(Required for Cancer Protocol and Orlent Care Protocol.)

RELATIONSHIP TO INSURED: *Husband*

PC11110E2760024



APPLICATION NUMBER  
T4302958E 5.003

Section 3 - PLAN SELECTION

Prior CAP in force P7818382 (16122) ptd 11/11/11  
decline prior CAP in force, only one allowed

Cancer Care Protector      FORM NUMBER 16075      PLAN CODE CAP       Individual Plan  
Family Plan       Gold (Plan II)

Qualification Question - Read Carefully: To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, or skin cancer within the last ten (10) years?

Insured: Yes  No      Spouse: Yes      No      Children: (Answer for each eligible child below)

Critical Care Protector

FORM NUMBER PLAN CODE AMOUNT OF INSURANCE  
16521 CCP \$

Has the insured used tobacco products in any form in the last 12 months?      Insured: YES      NO

Section 4 - PREMIUM & BILLING INFORMATION (Required for all products.)

RENEWAL MODE

TOTAL MONTHLY PREMIUM \$ 40 4.2

ANNUAL  MONTHLY TFP

Section 5 - DEPENDENT INFORMATION  
(Required if applying for Dependent Coverage, Cancer Care Protector.)

Male

Female

SPOUSE'S DATE OF BIRTH

SPOUSE'S FIRST NAME

MIDDLE INITIAL LAST NAME

Child's Name (First Initial Last)

Birthdate: Mo/Day/Yr

Qualification Question  
Y N

Child's Name (First Initial Last)

Birthdate: Mo/Day/Yr

Qualification Question  
Y N

PC11110642760025



Section 6 - DECLARATIONS - This section must be read, signed, and dated by insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for Critical Care Protector, I understand that the policy: 1) is NOT major medical and NOT meant to replace medical expense insurance; and 2) is NOT life insurance.
4. If applying for the Cancer Care Protector Policy, I understand that the policy is cancer only and does not pay benefits for loss from any other sickness or from accidents.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company.

You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage.

Failure to sign this authorization may impair the ability of Combined to evaluate or process this application and may be a basis for denying this application.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO

Signature of Insured: Vicki Hayler

Date of Application: 10 10 2011

City (where signed): Salt City

State: WA

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer Joseph Tobes

Agent's/Producer's Signature

Code # 6722

Sales Manager William J. Chen

Manager's Signature

Code # 8PLJ

Home Office use only

Date 10 10 2011

Table with 2 columns: Agent/Producer's phone, Agent/Producer's e-mail address, Agent/Producer's cell phone. Values: 206-852-1739, Joseph.Tobes@combined.com, 206-852-1739.

Table with 2 columns: Primary, Secondary. Rows: Agent/Producer Name, Code #, Percentage, Agent's/Producer's Signature.

Production Week 10/11 Agt submitted \$3979 apv (29.2% of su. tted production appears to be replacement)

### Combined Agent Package Production Summary



APH

PLACE LABEL  
HERE

Agent's Code

Week Beginning

G T 2 2

10 11 11

Agent's Name

Joseph Tobey

Total Items (Enter Below)    Total Premium Collected (Enter Below)

New Business Applications

9

331 57

Miscellaneous Payments

Total Premium Collected (Must be completed)

331 57

Total Remittance (Must be completed)

331 57

PC11111135340010

Division Code

46

I hereby certify that this report accurately states all premiums, sales and renewals made by me during the week indicated on this report and that this report in all other respects is accurate and true.

Representative's Signature

Date

10/24/11

Territory Manager's Signature

Date

10/24/11

PLEASE PRINT CAREFULLY IN THE BOXES. DO NOT PUT LINES IN UNUSED BOXES.

ESM-AGT-09

HOME OFFICE COPY 1

TOBEY DISC-0077

**Hanson, Allison (OIC)**

---

**From:** joseph tobey [joseph\_tobey30@gmail.com]  
**Sent:** Tuesday, June 05, 2012 5:23 PM  
**To:** Hanson, Allison (OIC)  
**Subject:** i have received your letter responding i will call you tommorrow first thing thanks

case # 1056600

---  
JOSEPH TOBEY  
CELL 206-852-1739

In Re the Matter of:

Joseph Tobey

OIC Case #: 1056600

DECLARATION OF JEROME HAYDTER

I, Jerome Haydter, do voluntarily provide this declaration, and state under penalty of perjury under the laws of the State of Washington, that the following facts are personally known to me, and, if called upon to do so, I could and would testify competently to them.

1. I am a resident of Washington State residing in Fall City, WA.
2. I purchased policies with Combined Insurance a few years ago but do not recall the date.
3. My wife does not work however, I own and operate a small business.
4. My wife receives Medicare disability assistance.
5. My wife does not, and has not received any medical assistance from the state of Washington.
6. I did not call Combined Insurance telling them to cancel coverage because my wife and I are no longer working, that she is receiving Medicaid or medical assistance from the state.
7. I do not recall asking Joseph Tobey to call Combined Insurance to cancel my policies.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF WASHINGTON STATE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 6<sup>th</sup> day of JUNE, 2012.

Jerome L. Haydter  
Printed Name of Declarant

[Signature]  
Signature of Declarant

DECLARATION OF Jerome Haydter  
Page 1 of 1

**Hanson, Allison (OIC)**

---

**From:** Trombley, Angela [angela.trombley@combined.com]  
**Sent:** Wednesday, May 23, 2012 10:54 AM  
**To:** Hanson, Allison (OIC)  
**Cc:** King, Kimberli  
**Subject:** Joseph Tobey 3 of 4

---

**From:** Customer Service - US  
**Sent:** Tuesday, October 25, 2011 2:42 PM  
**To:** Trombley, Angela  
**Subject:** FW: request to cancel my policys

Angela, here is one of the similar-looking cancellation requests I referenced in an e-mail I just sent.

Thank you,  
Shannon

---

**From:** RANDY LYBBERT [randy.lybbert313@gmail.com]  
**Sent:** Tuesday, October 25, 2011 12:54 PM  
**To:** Customer Service - US  
**Subject:** request to cancel my policys

randy lybbert

14702 smokey point blvd  
marysville , wa, 98271 ( suite 3 )

last four of soc 1794

policys #p9790951 \$16.80 wells fargo bank auto draft

please refund any moneys asap email me when this is granted thanks

---

This email is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, protected by the attorney/client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged

loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

---

Microsoft Mail Internet Headers Version 2.0

Received: from oic1mxoly01.oic.wa.gov ([198.238.85.20]) by oic1mxoly01.oic1.wa.lcl with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 10:55:08 -0700

Received: from mail166.message-labs.com (mail166.message-labs.com [216.82.253.163]) by OICAPOLY03.OIC.WA.GOV

(Clearswift SMTPRS 5.4.0) with ESMTP id <Ta485bec343c6ee5514658@OICAPOLY03.OIC.WA.GOV> for <allisonh@oic.wa.gov>;

Wed, 23 May 2012 10:55:08 -0700

X-Env-Sender: angela.trombley@combined.com

X-Msg-Ref: server-16.tower-166.message-labs.com!1337795642!11774504!1

X-Originating-IP: [129.33.19.119]

X-StarScan-Version: 6.5.10; banners=combined.com,-

X-VirusChecked: Checked

Received: (qmail 31148 invoked from network); 23 May 2012 17:54:54 -0000

Received: from unknown (HELO aceIns.com) (129.33.19.119)

by server-16.tower-166.message-labs.com with DHE-RSA-AES256-SHA encrypted SMTP; 23 May 2012 17:54:54 -0000

Received: from ([10.16.165.43])

by ussbyigw001.aceIns.com with ESMTP id 39YFQH1.12511961;

Wed, 23 May 2012 13:54:00 -0400

Received: from ussbyexb001.aceIns.com ([10.16.165.41]) by ussbyexc001.aceIns.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:53:59 -0400

Received: from ussbyex7hc302.aceIns.com ([10.16.177.50]) by ussbyexb001.aceIns.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:53:56 -0400

Received: from ussbyex7uvs4.aceIns.com

[[fe80:0000:0000:0000:6863:6f77:1.105.166.82]] by ussbyex7hc302.aceins.com

[[10.16.177.50]] with mapi; Wed, 23 May 2012 13:53:56 -0400

From: "Trombley, Angela" <angela.trombley@combined.com>

To: "allisonh@oic.wa.gov" <allisonh@oic.wa.gov>

CC: "King, Kemberli" <Kemberli.King@combined.com>

Date: Wed, 23 May 2012 13:53:55 -0400

Subject: Joseph Tobey 3 of 4

Thread-Topic: Joseph Tobey 3 of 4

Thread-Index: AcyTPOBIY3deJ22eTaOkpdFHTAM2IAABosaHKXHK2nA=

Message-ID: <A088B9653C610F4E82C21FD872D96B5D0FC468BEC3@USSBYEX7UVS4.aceins.com>

Accept-Language: en-US

Content-Language: en-US

X-MS-Has-Attach:

X-MS-TNEF-Correlator:

acceptlanguage: en-US

Content-Type: multipart/alternative;

boundary="\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC3USSBYEX7UVS4a\_"

MIME-Version: 1.0

Return-Path: angela.trombley@combined.com

X-OriginalArrivalTime: 23 May 2012 17:53:56.0660 (UTC) FILETIME=[064BC740:01CD390D]

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC3USSBYEX7UVS4a\_

Content-Type: text/plain; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC3USSBYEX7UVS4a\_

Content-Type: text/html; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC3USSBYEX7UVS4a\_--

Page: 1 Document Name: untitled

```

NAME-RES          *** GENERAL DATA ***   BUS-DATA   ID: 362861776
RANDY D LYBBERT   RANDYS CUSTOM EXHAUST   OWNER
14702 SMOKEY POINT BLVD STE 3   14702 SMOKEY POINT BLVD STE 3   360-657-4326
MARYSVILLE       WA MARYSVILLE           WA 360-657-4326
                   98271-8918              98271-8918
BIRTH 19 SEX CON SPL DIV CAN LIF -SIP- FMT LNG C/O CC A-D-D PND ORACLE MAIL
██████ M Y 2 0 00 00 D N 00-00 0 000000000 00-00
*****
POLICY FORM GOV C DUE-DATE STS. PREM SUM APP TYF RT BZ ACT-DATE ISS-DATE
01 P9790951 10001 Y 1 11-01-11 01 112.00 & K 4 8 11-15-11 04-01-08

```

```

MSG:
RQST/PF4 NEW-RQST/PF5 RETURN/PF6 COPY/PA1
DISPLAY= GD TYFB= I KEY= 362861776 CMD=

```

Date: 11/2/2011 Time: 3:30:49 PM

COMBINED INSURANCE COMPANY OF AMERICA  
111 East Wacker Drive, Suite 700, Chicago, IL 60601  
I apply for a policy based on the following information.



APPLICATION NUMBER  
T6079442M

5001

Section 1 - BASIC INFORMATION (Required for all products)

INSURED'S FIRST NAME: Randy  
 MIDDLE INITIAL: Lybbert  
 LAST NAME: Lybbert

RESIDENCE ADDRESS: 14702 Smokey point  
 CITY: Moses Lake  
 INSURED'S AGE: 46  
 GALL TYPE ADDRESS:  Home Business  
 RESIDENCE PHONE NUMBER: 360 657 4326  
 STATE: WA ZIP: 98871

INSURED'S BILLING ADDRESS (IF DIFFERENT FROM RESIDENCE): [Redacted]  
 CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]

Is any person applying for coverage on Medicaid? YES  NO  
 Will this policy replace any existing policies? YES  NO

An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:  
 Home  Business ( )  
 Additional No. (Cell) ( )  
 8:30 am - 8:00 am 8:00 am - 12:00 pm 12:00 pm - 3:00 pm 3:00 pm - 6:00 pm After 6:00 pm

(Required for Income Protector and optional for other coverages.)  
 INSURED'S BUSINESS NAME: [Redacted] BUSINESS PHONE NUMBER: [Redacted]  
 INSURED'S BUSINESS ADDRESS: [Redacted]  
 CITY: [Redacted] STATE: WA ZIP: [Redacted]

(Required if Payer different from Insured.)  
 PAYOR'S FIRST NAME (IF OTHER THAN INSURED): [Redacted] MIDDLE INITIAL: [Redacted] LAST NAME: [Redacted]  
 PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED): [Redacted]  
 CITY: [Redacted] STATE: WA ZIP: [Redacted]

(Required for Accident & Sickness Protector, Cancer Protector and Critical Care Protector.)  
 RELATIONSHIP TO INSURED: Daughter  
 Cheyenne Lybbert

Section 2 - EMPLOYMENT & INCOME INFORMATION (Required if applying for Income Protector only)

1. Insured's Occupation
2. Please describe all employment duties performed in detail:
3. I certify that my gross annual earnings, or net earnings if self-employed, at time of application (without overtime, unless overtime is contractual, and without other bonuses or incentives) is \$
4. Are you self employed or have you been working for the same employer for less than 6 months? (A telephone interview may be required.) Yes No
5. Do you currently work in your primary occupation, performing all primary duties, and work at least 30 hours or more per week?
6. Do you currently have any other in force disability coverage with another carrier?

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE

Form No. 164016H-WA

1 of 4

TOBEY DISC-0003



APPLICATION NUMBER  
T6079442M

6003

**Section 4 -- PLAN SELECTION**

<input checked="" type="checkbox"/> Accident Protector	FORM NUMBER 1 4 0 3 2	PLAN CODE A S P	<input checked="" type="checkbox"/> Individual	Silver (Plan I)
<input type="checkbox"/> Accident & Sickness Protector	1 2 9 0 4	A S P	<input type="checkbox"/> Individual/Spouse (Rider)	<input checked="" type="checkbox"/> Gold (Plan II)
<input type="checkbox"/> Emergency Room Rider			<input type="checkbox"/> Single Parent (Rider)	
<input type="checkbox"/> Intensive Care Rider			<input type="checkbox"/> Family (Rider)	
			<input type="checkbox"/> Outpatient Surgery Rider	

If applying for Accident/Sickness, the following qualifying question must be answered:

**Qualification Question - Read Carefully:** To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?

Insured: Yes No Spouse: Yes No Children: (Answer for each eligible child below)

**Income Protector**

FORM NUMBER 1 9 8 1 9	PLAN CODE D 1 1	Monthly Benefit \$	Benefit Period 0 .6 months	0 .1 year	0 .2 years
Elimination Period 14	30	90 days	Occupation Class		

**Section 5 -- PREMIUM & BILLING INFORMATION (Required for all products.)**

RENEWAL MODE  
ANNUAL  MONTHLY  TRIP

TOTAL MODAL PREMIUM \$ 16.50

**Section 6 -- DEPENDENT INFORMATION**

(Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector)

SPOUSE'S FIRST NAME		MIDDLE INITIAL	LAST NAME	SPOUSE'S DATE OF BIRTH	
Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N	Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER

5004

Section 7 - DECLARATIONS - This section must be read, signed, and dated by Insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident Only policy, I understand that the policy does not provide benefits for loss from sickness.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company. You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined to evaluate or process this application and may be a basis for denying this application.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO

Signature of Insured: [Signature] Date of Application: 10 24 2011

City (where signed): Marysville State: WA

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer Joseph Tobey (print) Sales Manager Bruce Williams S. Cler (print)

Agent's/Producer's Signature [Signature] Code # 6722 Manager's Signature [Signature] Code # 6815 Home Office use only

Date 10 24 2011

Primary Agent/Producer contact information Agent's/Producer's phone 206-852-1739 Agent's/Producer's e-mail address Joseph.Tobey@coi.com Agent's/Producer's cell phone 206-852-1739

Table with 2 columns: Primary, Secondary. Rows include Agent/Producer Name, Code #, Percentage, and Agent's/Producer's Signature.

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER 6006  
T6079442M

**AUTOMATIC PREMIUM COLLECTION**  
(Automatic Premium for Monthly Mode ONLY)

Name of Financial Institution: Wells Fargo City: Marysville State: WA  
BANK ACCOUNT NUMBER  
0000002865 [REDACTED]

NAME OF PERSON APPEARING ON BANK OR FINANCIAL INSTITUTION  
Rendys custom Ex Husband

Charge my Checking  Savings  Initial Premium Collected \$ 16.00 Policy Type  Life,  Health

Preferred Billing Date 15

**AUTHORIZATION FOR ELECTRONIC DEBIT**  
 I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a charge by any other commercially accepted method, to my checking or savings account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.  
 I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, this policy(ies) will terminate. Life policies may have non-forfeiture benefits.

[Signature] Date: 10 24 2011 MONTHLY PREMIUM NUMBER 360 657 4326

Amount of Insurance	\$ <u>500</u>
---------------------	---------------

**COMBINED INSURANCE COMPANY OF AMERICA** • 111 East Wacker Drive • Suite 700 • Chicago, IL 60601  
**CONDITIONAL RECEIPT** IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

**Conditions Which Must Be Satisfied Before Coverage Is Effective**

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

**Effective Date of Coverage:**

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on the date of application.

**Limitation of Certain Coverages**

Provided that in the event of death of the Proposed Insured prior to issuance of the policy(ies) such insurance applied for under the application is limited to \$50,000 as a lump sum under each policy, or if a monthly income policy, monthly payments may not exceed a total of \$50,000 under each policy.

If any of the above conditions are not met, the policy(ies) applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy(ies) is (are) not issued within 60 days after the date of application. All premium checks must be made payable to the Company. Do not make check payable to the agent or leave the payee blank.

Received from Rendys Lybber  
 \$ 16.00 as First Full Premium.  
 For Form No(s). 14032

- Annual  
 Monthly Automatic Premium Collection  
 Installment Plan

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Proposed Insured Rendys Lybber  
 Date 10/24/2011 [Signature] Agent/Producer Code Number 6522



**Memorandum of Interview**

---

**Date:** May 31, 2012  
**OIC Case #:** 1056600

**Name /Address of Person  
Interviewed:** Randy Lybbert  
159 Henning Dr.  
Camano Island, WA  
360-657-4326

**Investigator Conducting  
Interview:** Allison Hanson

**Others Present During  
Interview:** No

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

**Interview Audio Recorded:** No

**Declaration Prepared:** Yes, but not returned

---

On the above date, Randy Lybbert stated that he still has the policies he purchased from Combined.

When asked if he asked Joseph Tobey to cancel his policy, Lybbert stated that Joseph Tobey did not talk to him and was not aware of any policy changes until he was called by someone at Combined. He said he was concerned about his policy and I gave him a phone number to call.

When asked if his email is [randy.lybbert313@gmail.com](mailto:randy.lybbert313@gmail.com), Lybbert said no. He said he uses his business email of [randyscustomexhaust@gmail.com](mailto:randyscustomexhaust@gmail.com) or [randy.lybbert@gmail.com](mailto:randy.lybbert@gmail.com).

Lybbert agreed to sign a declaration which was emailed to him.

June 4, 2012

I asked Lybbert if he received and returned the declaration, and with a raised voice, he said he faxed it to the number I gave him. He said it was the area code of 312, which I explained to him was the phone number I gave him for Combined. Lybbert angrily said that no one is telling him anything and that he is supposed to do the leg work. He said that he called Combined and they would not answer his questions. Lybbert stated that he was about ready to tell everyone to leave him alone.

I gave him the OIC fax number again and he said he would return the declaration.

## Hanson, Allison (OIC)

---

**From:** Fain, DJ [DJ.Fain@combined.com]  
**Sent:** Tuesday, May 29, 2012 8:32 AM  
**To:** Hanson, Allison (OIC)  
**Cc:** Trombley, Angela; Lavery, Matthew; Winter, Lori  
**Subject:** J. Tobey emails  
**Attachments:** @

Allison - unfortunately, I have only been able to locate one email so far which was received directly from Joseph Tobey's email on file ([joseph\\_tobey30@gmail.com](mailto:joseph_tobey30@gmail.com)). This was originally sent to former market director for that geography of WA (Tim Manry) and forwarded to the Divisional office (Phyllis Hasty) in Sept 2011...this email was regarding his daily activity for Thursday 9/29/11.

We continue to research and if additional emails are located I will forward them to you. Thanks

*DJ Fain*

Field Compliance & Investigations  
847-953-8043 office  
773-558-5429 mobile  
312-351-7036 fax

*Please note that the information attached is for your review and information only. While it's important that you have this information for review and discussion, it is NOT appropriate to forward or share the information with the individual under investigation. Applications and supporting documents (copies of checks, APC forms) may be used during an interview or discussion but must not be left with the individual, and all other investigative reports and comments are confidential and not to be shared or used.*

---

**From:** Hasty, Phyllis  
**Sent:** Tuesday, May 29, 2012 10:00 AM  
**To:** Fain, DJ  
**Cc:** Lockner, Peggy; Dietz, Kevin  
**Subject:** FW: paycheck tracker for joe tobey also today's results

DJ~

I did a search of old emails. This is the only email that was found (the attachment will not open).

Phyllis Hasty  
Div 46 - DSA  
Combined Insurance  
Blue Flag Building  
104 S Freya Street, Ste 206  
Spokane, WA 99202  
Phone: 509-532-9954  
Fax: 509-532-0214  
Personal Fax: 312-351-7168

---

**From:** Manry, Timothy  
**Sent:** Thursday, September 29, 2011 2:58 PM

**To:** Hasty, Phyllis

**Subject:** Fw: paycheck tracker for joe tobey also todays results

This is what I meant to send you on Joe not that other thing. Again sorry about that.  
Sincerely Tim Manry

---

**From:** Joseph tobey [mailto:josephtobey30@gmail.com]

**Sent:** Thursday, September 29, 2011 02:56 AM

**To:** Manry, Timothy

**Subject:** paycheck tracker for joe tobey also todays results

i had 4 appts today 3 rescheduled 2 for tomorrow and 1 for monday \$61.00 new face and 6 refferals i have 3 appts tomorrow total 5 on friday and 1 sat morning

<<

JOE COMBINED WEEKLY PAY TRACKER 2011.xlsx (13.9KB)

(13.9KB)

>>

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Microsoft Mail Internet Headers Version 2.0

Received: from oic1mxoly01.oic.wa.gov ([198.238.85.20]) by oic1mxoly01.oic1.wa.lcl with Microsoft SMTPSVC(6.0.3790.4675);

Tue, 29 May 2012 08:34:35 -0700

Received: from mail165.messagelabs.com (mail165.messagelabs.com [216.82.253.147]) by OICAPOLY03.OIC.WA.GOV

(Clearswift SMTPRS 5.4.0) with ESMTP id <Ta4a4243d99c6ee5514c80@OICAPOLY03.OIC.WA.GOV> for <allisonh@oic.wa.gov>;

Tue, 29 May 2012 08:34:35 -0700

X-Env-Sender: dj.fain@combined.com

X-Msg-Ref: server-2.tower-165.messagelabs.com[1338305614|5901932|1

X-Originating-IP: [129.33.19.126]

X-StarScan-Version: 6.5.10; banners=combined.com,-,-

X-VirusChecked: Checked

Received: (qmail 30416 invoked from network); 29 May 2012 15:34:20 -0000

Received: from unknown (HELO aceins.com) (129.33.19.126)

by server-2.tower-165.messagelabs.com with DHE-RSA-AES256-SHA encrypted SMTP; 29 May 2012 15:34:20 -0000

Received: from ([10.16.144.35])

by USSBYIGW002.aceins.com with ESMTP id 19YFQH1.107711662;

Tue, 29 May 2012 11:33:31 -0400

Received: from ussbyexb002.aceins.com ([10.16.144.37]) by ussbyexc002.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Tue, 29 May 2012 11:32:46 -0400

Received: from ussbyex7hc301.aceins.com ([10.16.177.49]) by ussbyexb002.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Tue, 29 May 2012 11:32:46 -0400

Received: from uk70pexh003.aceins.com (172.21.200.51) by

ussbyex7hc301.aceins.com (10.16.177.49) with Microsoft SMTP Server (TLS) id

8.3.213.0; Tue, 29 May 2012 11:32:31 -0400

Received: from uk70pexm002.aceins.com ([169.254.1.96]) by

uk70pexh003.aceins.com ([172.21.200.51]) with mapi; Tue, 29 May 2012 16:32:25

+0100

From: "Fain, DJ" <DJ.Fain@combined.com>

Date: Tue, 29 May 2012 16:32:22 +0100

Subject: J. Tobey emails

Thread-Topic: J. Tobey emails

Thread-index: Acx+Svm/p+dsH9KGTriPioCCHRoYgAAp+eYJL64FTGAAAQkS4A==

Message-ID: <8D59CB5559399D4AB1E1B35D025A337F53754F3B7E@UK70PEXM002.aceins.com>

Accept-Language: en-US, en-GB

Content-Language: en-US

X-MS-Has-Attach: yes

X-MS-TNEF-Correlator:

acceptlanguage: en-US, en-GB

Content-Type: multipart/mixed;

boundary="\_004\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_"

MIME-Version: 1.0

Return-Path: DJ.Fain@combined.com

X-OriginalArrivalTime: 29 May 2012 15:32:46.0170 (UTC) FILETIME=[4BF813A0:01CD3DB0]

To: "allisonh@oic.wa.gov" <allisonh@oic.wa.gov>

Cc: "Trombley, Angela" <angela.trombley@combined.com>, "Lavery, Matthew"

<Matthew.Lavery@combined.com>, "Winter, Lori" <Lori.Winter@combined.com>

--\_004\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_

Content-Type: multipart/alternative;

boundary="\_000\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_"

--\_000\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_

Content-Type: text/plain; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_

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Content-Transfer-Encoding: quoted-printable

--\_000\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_--

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Content-Type: application/octet-stream; name="@"

Content-Description: @

Content-Disposition: attachment; filename="@";

creation-date="Thu, 08 Dec 2011 07:40:02 GMT";

modification-date="Thu, 08 Dec 2011 07:40:02 GMT"

Content-Transfer-Encoding: base64

--\_004\_8D59CB5559399D4AB1E1B35D025A337F53754F3B7EUK70PEXM002ac\_--

**Hanson, Allison (OIC)**

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**From:** Trombley, Angela [angela.trombley@combined.com]  
**Sent:** Wednesday, May 23, 2012 10:54 AM  
**To:** Hanson, Allison (OIC)  
**Cc:** King, Kemberl  
**Subject:** Joseph Tobey 4 of 4

---

**From:** Customer Service - US  
**Sent:** Tuesday, October 25, 2011 2:43 PM  
**To:** Trombley, Angela  
**Subject:** FW: I want to cancel some policys

Angela, here is one of the similar-looking cancellation requests I referenced in an e-mail I just sent.

Thank you,  
Shannon

---

**From:** frank sherlock [fsfranksherlock@gmail.com]  
**Sent:** Tuesday, October 25, 2011 12:31 PM  
**To:** Customer Service -US  
**Subject:** I want to cancel some policys

FRANK SHERLOCK

ADDRESS  
1529 RAINIER AVE  
EVERETT, WA, 98201

LAST FOUR OF SOC# 4140

\*\*\*\*\*

POLICYS

1. P8870400 \$112.00 EVERY SIX MONTHS DIRECT BILL
2. R6981928 \$825 ANNUEL BILL

PLEASE SEND ME A FULL REFUND OF PREMIUMS UNUSED IVE DECIDED TO CANCEL PLEASE EMAIL ME WHEN THIS IS COMPLETED THANKS!

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this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

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Microsoft Mail Internet Headers Version 2.0

Received: from oic1mxoly01.oic.wa.gov ([198.238.85.20]) by oic1mxoly01.oic1.wa.lcl with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 10:57:34 -0700

Received: from mail108.messagelabs.com (mail108.messagelabs.com [216.82.250.51]) by OICAPOLY03.OIC.WA.GOV

(Clearswift SMTPRS 5.4.0) with ESMTP id <Ta485c0fd13c6ee5514658@OICAPOLY03.OIC.WA.GOV> for <allisonh@oic.wa.gov>;

Wed, 23 May 2012 10:57:34 -0700

X-Env-Sender: angela.trombley@combined.com

X-Msg-Ref: server-14.tower-108.messagelabs.com|1337795792|11078644|1

X-Originating-IP: [129.33.19.126]

X-StarScan-Version: 6.5.10; banners=combined.com,-,-

X-VirusChecked: Checked

Received: (qmail 14003 invoked from network); 23 May 2012 17:57:17 -0000

Received: from unknown (HELO aceins.com) (129.33.19.126)

by server-14.tower-108.messagelabs.com with DHE-RSA-AES256-SHA encrypted SMTP; 23 May 2012 17:57:17 -0000

Received: from ([10.16.144.35])

by USSBYIGW002.aceins.com with ESMTP id 19YFQH1.107087831;

Wed, 23 May 2012 13:56:29 -0400

Received: from ussbyexb002.aceins.com ([10.16.144.37]) by ussbyexc002.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:56:29 -0400

Received: from ussbyex7hc301.aceins.com ([10.16.177.49]) by ussbyexb002.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:56:28 -0400

Received: from USSBYEX7HV804.aceins.com (10.16.184.36) by

ussbyex7hc301.aceins.com (10.16.177.49) with Microsoft SMTP Server (TLS) id

8.3.213.0; Wed, 23 May 2012 13:54:21 -0400

Received: from ussbyex7uvs4.aceins.com ([fe80::6863:6f77:169:a652]) by

USSBYEX7HV804.aceins.com ([fe80::d09d:24f4:b2ff:2eb0%11]) with mapi; Wed, 23

May 2012 13:54:18 -0400

From: "Trombley, Angela" <angela.trombley@combined.com>

To: "'allisonh@oic.wa.gov'" <allisonh@oic.wa.gov>

CC: "King, Kemberli" <Kemberli.King@combined.com>

Date: Wed, 23 May 2012 13:54:17 -0400

Subject: Joseph Tobey 4 of 4

Thread-Topic: Joseph Tobey 4 of 4

Thread-Index: AcyTPDK8ORbMLHX2R+qJShTwGwJvFQACcdycKXHDOUA=

Message-ID: <A088B9653C610F4E82C21FD872D96B5D0FC468BEC4@USSBYEX7UVS4.aceins.com>

Accept-Language: en-US

Content-Language: en-US

X-MS-Has-Attach:

X-MS-TNEF-Correlator:

acceptlanguage: en-US

Content-Type: multipart/alternative;

boundary=" \_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC4USSBYEX7UVS4a\_ "

MIME-Version: 1.0

Return-Path: angela.trombley@combined.com

X-OriginalArrivalTime: 23 May 2012 17:56:28.0371 (UTC) FILETIME=[60B90A30:01CD390D]

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC4USSBYEX7UVS4a\_

Content-Type: text/plain; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

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Content-Type: text/html; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC4USSBYEX7UVS4a\_--

Page: 1 Document Name: untitled

```

NAME-RES          *** GENERAL DATA ***   BUS-DATA   ID: 361075162
FRANK SHERLOCK    KENS ROUTER SERVICE                 OWNER
1529 RAINIER AVE 1529 RAINIER AVE                 425-252-5874
EVERETT          WA EVERETT                       WA 425-252-5874
                                     98201-1743
                                     98201-1743
BIRTH 19 SEX CON SPL DIV CAN LIF -SIP- FMT LMG C/O CC A-D-D PND ORACLE MAIL
██████ M Y 2 0 00 00 D E N 00-00 0 000000000 00-00
*****
POLICY FORM COV C DUE-DATE SRS PREM SYM APP TYP RT EF ACT-DATE ISS-DATE
01 R6981928 12828 K 1 04-17-12 00 825.00 & D 05-01-11 04-17-06
02 P8870400 10001 Y 1 04-14-12 00 116.00 & B 4 8 05-05-11 10-14-02
03 T4163435 14050 Y 1 07-14-12 190.00 & 0 07-20-11 07-14-11

```

```

RQST/PF4 NEW-RQST/PF5 RETURN/PF6 COPY/PA1
MSG: MAIL ADDR DISPLAYED ON POLICYHOLDER SCREEN.
DISPLAY= GD TYPE= I KEY= 361075162 CMD=

```

Date: 11/2/2011 Time: 3:30:28 PM

COMBINED INSURANCE COMPANY OF AMERICA  
111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601  
I apply for a policy based on the following information.



APPLICATION NUMBER  
T6213239A

5 0 0 1

Section 1 - BASIC INFORMATION (Required for all products)

M  F INSURED'S FIRST NAME: Frank MIDDLE INITIAL: Joseph LAST NAME: Shelton

INSURED'S RESIDENCE ADDRESS: 1524 Rainer Ave RESIDENCE PHONE NUMBER: 425 252 5073

CITY: Evansville STATE: IN ZIP: 47924

INSURED'S DATE OF BIRTH: [REDACTED] INSURER'S AGE: 56 DAILY TYPE ADDRESS:  Home  Business

INSURER'S BILLING ADDRESS IF DIFFERENT FROM RESIDENCE: [REDACTED] SOCIAL SECURITY NUMBER: 41 90

CITY: STATE: ZIP:

Is any person applying for coverage on Medicare? YES  NO  Will this policy replace any existing policies? YES  NO

An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:

Home Business ( ) Additional No. (Cell) ( )

8:30 am - 3:00 pm  8:00 am - 12:00 pm 12:00 pm - 3:00 pm 3:00 pm - 6:00 pm After 6:00 pm

(Required for Income Protector and optional for other coverages.)

INSURED'S BUSINESS NAME: BUSINESS PHONE NUMBER:

INSURED'S BUSINESS ADDRESS: CITY: STATE: ZIP:

(Required if Payer different from insured.)

PAYOR'S FIRST NAME (IF OTHER THAN INSURED): MIDDLE INITIAL: LAST NAME:

PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED): CITY: STATE: ZIP:

(Required for Accident & Sickness Protector, Cancer Protector and Critical Care Protector.)

REINSUROR'S FULL NAME (IF APPLICABLE): Patricia Shelton RELATIONSHIP TO INSURED: Wife

Section 2 - EMPLOYMENT & INCOME INFORMATION (Required if applying for Income Protector only)

1. Insured's Occupation:

2. Please describe all employment duties performed in detail:

3. I certify that my gross annual earnings, or net earnings if self-employed, at time of application (without overtime, unless overtime is contractual, and without other bonuses or incentives) is: \$

4. Are you self employed or have you been working for the same employer for less than 6 months? (A telephone interview may be required.) Yes No

5. Do you currently work in your primary occupation, performing all primary duties, and work at least 90 hours or more per week?

6. Do you currently have any other in force disability coverage with another carrier?



APPLICATION NUMBER  
T6213239A 5003

**Section 4 - PLAN SELECTION**

FORM NUMBER: 34027 PLAN CODE: ASP

Individual  Silver (Plan I)  
 Individual/Spouse  Gold (Plan II)  
 Single Parent  
 Family

Accident Protector  
 Accident & Sickness Protector

If applying for Accident/Sickness, the following qualifying question must be answered:  
 Qualification Question - Read Carefully: To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?

Insured: Yes  No  Spouse: Yes  No  Children: (Answer for each eligible child below)

---

FORM NUMBER: 16075 PLAN CODE: CAP

**Cancer Care Protector**

Individual Plan  
Family Plan  Gold (Plan II)

Qualification Question - Read Carefully: To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, or skin cancer within the last ten (10) years?

Insured: Yes  No  Spouse: Yes  No  Children: (Answer for each eligible child below)

---

**Critical Care Protector**

FORM NUMBER: 15521 PLAN CODE: COP AMOUNT OF INSURANCE: \$

Has the insured used tobacco products in any form in the last 12 months? Insured: YES  NO

---

**Income Protector**

FORM NUMBER: 19819 PLAN CODE: DLI1 Monthly Benefit: \$ Benefit Period: 0 6 months  0 1 year  0 2 years

Elimination Period: 14  30  90 days  Occupation Class:

---

**Section 5 - PREMIUM & BILLING INFORMATION (Required for all products.)**

RENEWAL NOTICE:  ANNUAL  MONTHLY  TFP

TOTAL ANNUAL PREMIUM \$ 4214

---

**Section 6 - DEPENDENT INFORMATION (Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector.)**

Male  Female

SPOUSE'S FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

Child's Name (First Initial Last): \_\_\_\_\_ Birthdate: Mo/Day/Yr: \_\_\_\_\_ Qualification Question: Y  N

Child's Name (First Initial Last): \_\_\_\_\_ Birthdate: Mo/Day/Yr: \_\_\_\_\_ Qualification Question: Y  N



APPLICATION NUMBER

6 0 0 4

8004184018

Section 7 - DECLARATIONS - This section must be read, signed, and dated by Insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident Only policy, I understand that the policy does not provide benefits for loss from sickness.
4. If applying for Critical Care Protector, I understand that the policy: 1) is NOT major medical and NOT meant to replace medical expense insurance; and 2) is NOT life insurance.
5. If applying for the Cancer Care Protector Policy, I understand that the policy is cancer only and does not pay benefits for loss from any other sickness or from accidents. FOR PERSONS ELIGIBLE FOR MEDICARE: I acknowledge receipt of the "Guide to Health Insurance" and duplication notice.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company.

You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage.

Failure to sign this authorization may impair the ability of Combined to evaluate or process this application and may be a basis for denying this application.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO

Signature of Insured: [Signature] Date of Application: 10-24-2011

City (where signed): [Signature] State: WA

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer: Joseph Tobes (with) Sales Manager: William J. Clem (with)

Agent's/Producer's Signature: [Signature] Code # 6AT22 Manager's Signature: [Signature] Code # 6PL5 Home Office USA only

Date: 10-24-2011

Primary Agent/Producer contact information: Agent's/Producer's phone: 706-852-1739 Agent's/Producer's e-mail address: Joseph.Tobes@afca.com Agent's/Producer's cell phone: 706-852-1739

Table with 2 columns: Primary, Secondary. Rows include Agent/Producer Name, Code #, Percentage, and Agent's/Producer's Signature.



FORMER POLICY NUMBER  
T6213239A

5 0 0 5

**AUTOMATIC PREMIUM COLLECTION**  
(Automatic Premium for Monthly Mode ONLY)

Name of Financial Institution: First Heritage Bank City: Everett State: WA

BANK POLICY NUMBER: 125107875 BANK ACCOUNT NUMBER: [REDACTED]

NAME OF PAYOR APPEARING ON BANK/FINANCIAL INSTITUTION: Frank Sherlock

Charge my Checking  Savings Initial Premium Collected: \$ 42.14 Policy Type: Term  
(Term, Life, Health)

Preferred Billing Date: 30

**AUTHORIZATION FOR ELECTRONIC DEBIT**

I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking or savings account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.

x. John D. Dhar Date: 10 24 2011 POLICY PHONE NUMBER: 425 259 1927  
Signature of Payer

Amount of Insurance	\$ <u>300</u>
---------------------	---------------

COMBINED INSURANCE COMPANY OF AMERICA • 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601

**CONDITIONAL RECEIPT** IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied, Also Note Limitation On Coverage Specified Below.

Conditions Which Must Be Satisfied Before Coverage Is Effective  
If both of the following conditions for any person proposed to be insured in the application are satisfied:  
1. The first premium has been paid with the application; and  
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

effective Date of Coverage:  
they, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on the date of application.

Limitation of Certain Coverage:  
Provided that in the event of death of the Proposed Insured prior to issuance of the policy(ies) such insurance applied for under the application is limited to \$50,000 as a lump sum under each policy, or if a monthly income policy, monthly payments may not exceed a total of \$50,000 under each policy.

If any of the above conditions are not met, the policy(ies) applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. This application shall be deemed declined if the policy(ies) is (are) not issued within 60 days after the date of application.

Received from: Frank Sherlock  Annual  
 \$ 42.14 as First Full Premium,  Monthly Automatic Premium Collection  
 For Form No(s): 14027  Tailor Pay Plan

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Proposed Insured: John D. Dhar  
 Date: 10/24/11  
 Authorized Agent/Producer: [Signature] Agent/Producer Code Number: 0122

COMBINED INSURANCE COMPANY OF AMERICA  
211 East Wacker Drive, Suite 700, Chicago, IL 60601  
(Apply for a policy based on the following information.)



APPLICATION NUMBER  
T6079443A

6 0 0 1

**Section 1 - BASIC INFORMATION (Required for all products)**

**INSURED'S FIRST NAME** Frank **INSURED'S INITIAL** F **INSURED'S LAST NAME** Stenlock

**INSURED'S RESIDENCE ADDRESS**  
1529 Palmer Ave  
City: Deer #

**RESIDENCE PHONE NUMBER** 4125 252 5873  
**STATE** WA **ZIP** 98201

**INSURED'S DATE OF BIRTH** [REDACTED] **INSURED'S AGE** 50 **CALL TYPE ADDRESS**  Home  Business

**INSURED'S BUSINESS ADDRESS (IF DIFFERENT FROM RESIDENCE)** [REDACTED] **RELATIONSHIP TO INSURED** [REDACTED]

**CITY** [REDACTED] **STATE** [REDACTED] **ZIP** [REDACTED]

Is any person applying for coverage on Medicaid? YES  NO  Will this policy replace any existing policies? YES  NO

An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:  
Home Business ( ) Additional No. (Call) ( )

8:30 am - 8:00 pm  8:00 am - 12:00 pm 12:00 pm - 6:00 pm 8:00 pm - 8:00 pm After 8:00 pm

**(Required for Income Protector and optional for other coverages.)**

**INSURED'S BUSINESS NAME** [REDACTED] **BUSINESS PHONE NUMBER** [REDACTED]

**INSURED'S BUSINESS ADDRESS** [REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP** [REDACTED]

**(Required if Payor different from insured.)**

**PAYOR'S FIRST NAME (IF OTHER THAN INSURED)** [REDACTED] **MIDDLE INITIAL** [REDACTED] **LAST NAME** [REDACTED]

**PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED)** [REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP** [REDACTED]

**(Required for Accident & Sickness Protector, Cancer Protector and Critical Care Protector)**

**DEPENDENT'S FULL NAME (IF REQUIRED)** Patricia **RELATIONSHIP TO INSURED** Stenlock wife

**Section 2 - EMPLOYMENT & INCOME INFORMATION (Required if applying for Income Protector only)**

- Insured's Occupation
- Please describe all employment duties performed in detail:
- I certify that my gross annual earnings, or net earnings if self-employed, at time of application (without overtime, unless overtime is contractual, and without other bonuses or incentives) is: \$ Yes No
- Are you self employed or have you been working for the same employer for less than 9 months? (A telephone interview may be required.)
- Do you currently work in your primary occupation, performing all primary duties, and work at least 30 hours or more per week?
- Do you currently have any other (or former) disability coverage with another carrier?



APPLICATION NUMBER  
**T6079443A**  
 5003

**Section 4 - PLAN SELECTION**

	FORM NUMBER	PLAN CODE	<input checked="" type="checkbox"/> Individual	Silver (Plan I)
<input checked="" type="checkbox"/> Accident Protector	1 4 0 8 2	A S P	<input type="checkbox"/> Individual/Spouse (Rider)	<input checked="" type="checkbox"/> Gold (Plan II)
<b>Accident &amp; Sickness Protector</b>	1 2 9 0 4	A. S. P	<input type="checkbox"/> Single Parent (Rider)	
			<input type="checkbox"/> Family (Rider)	
<input type="checkbox"/> Emergency Room Rider		<input type="checkbox"/> Outpatient Surgery Rider		
<input type="checkbox"/> Intensive Care Rider				

If applying for Accident/Sickness, the following qualifying question must be answered:  
**Qualification Question - Read Carefully:** To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?  
 Insured: Yes No Spouse: Yes No Children: (Answer for each eligible child below)

**Income Protector**

FORM NUMBER	PLAN CODE	Monthly Benefit	Benefit Period
1 9 8 1 9	D 1 1	\$	0 6 months 0 1 year 0 2 years
Elimination Period	14	30 60 days	Occupation Class

**Section 5 - PREMIUM & BILLING INFORMATION (Required for all products.)**

RENEWAL MODE:  ANNUAL  MONTHLY  TRIMESTRAL

TOTAL ANNUAL PREMIUM \$ **16 50**

**Section 6 - DEPENDENT INFORMATION**  
 (Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector).

SPOUSE'S FIRST NAME		SPONSE'S DATE OF BIRTH	Male
MIDDLE INITIAL LAST NAME			Female
Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question	Child's Name (First Initial Last)
		Y N	Birthdate: Mo/Day/Yr
			Qualification Question
			Y N



APPLICATION NUMBER

6004

2004100019

Section 7 - DECLARATIONS -- This section must be read, signed, and dated by insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident Only policy, I understand that the policy does not provide benefits for loss from sickness.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company. You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined to evaluate or process this application and may be a basis for denying this application.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO

Signature of Insured: [Handwritten Signature]

Date of Application: 10-24-2011

City (where signed): Everett

State: WA

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer: Joseph Tobey (print)
Sales Manager: William S. Chen (print)

Agent's/Producer's Signature: [Handwritten Signature] Code # 61722
Manager's Signature: [Handwritten Signature] Code # 6041J
Home Office use only

Date: 10-24-2011

Table with 2 columns: Primary Agent/Producer contact information, Secondary Agent/Producer contact information. Includes phone, email, and signature fields.

Table with 2 columns: Primary, Secondary. Includes fields for Agent/Producer Name, Code #, Percentage, and Signature.

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER  
T6079443A

5 0 0 6

**AUTOMATIC PREMIUM COLLECTION**  
(Automatic Premium for Monthly Mode ONLY)

Name of Financial Institution: First Heritage Bank City: Everett State: WA

MEMBER ACCOUNT NUMBER: 125107875 BANK ACCOUNT NUMBER: [REDACTED]

NAME OF PRIOR APPLICANT ON BANK/FINANCIAL INSTITUTION: Frank Starlock

Charge my Checking  Savings Initial Premium Collected \$ 16.50 Policy Type:  A = Life, H = Health

Preferred Billing Date: 30

**AUTHORIZATION FOR ELECTRONIC DEBIT**

I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking or savings account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.

x Frank Starlock Date: 10 24 2011 Policy Number: 425 259 1927

PRINTED NAME WHEN

Amount of Insurance	\$ <u>920</u>
---------------------	---------------

COMBINED INSURANCE COMPANY OF AMERICA • 111 East Wacker Drive • Suite 700 • Chicago, IL 60601

**CONDITIONAL RECEIPT IMPORTANT READ CAREFULLY**

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

Conditions Which Must Be Satisfied Before Coverage Is Effective:

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

Effective Date of Coverage: then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on the date of application.

**Limitation of Certain Coverage:**

Provided that in the event of death of the Proposed Insured prior to issuance of the policy(ies) such insurance applied for under the application is limited to \$50,000 as a lump sum under each policy, or if a monthly income policy, monthly payments may not exceed a total of \$50,000 under each policy.

If any of the above conditions are not met, the policy(ies) applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy(ies) is (are) not issued within 60 days after the date of application. All premium checks must be made payable to the Company. Do not make check payable to the agent or leave the payee blank.

Received from Frank Starlock  Annual

\$ 16.50 as First Full Premium.  Monthly Automatic Premium Collection

For form No. 14032  Tailor Pay Plan

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Proposed Insured: Frank Starlock

Date: 10/24/11 Authorized Agent/Producer: [Signature] Agent/Producer Code Number: CT22

**Hanson, Allison (OIC)**

---

**From:** Trombley, Angela [angela.trombley@combined.com]  
**Sent:** Wednesday, May 23, 2012 10:53 AM  
**To:** Hanson, Allison (OIC)  
**Cc:** King, Kimberli  
**Subject:** Joseph Tobey 2 of 4

---

**From:** Customer Service - US  
**Sent:** Tuesday, October 25, 2011 3:32 PM  
**To:** Trombley, Angela  
**Subject:** FW: iam cancelling one of my two policys

Angela, here's another suspicious-looking cancellation notice. Please let me know if I should send these somewhere else.

Thank you,  
Shannon

---

**From:** kishara simerman [kisharasimerman@gmail.com]  
**Sent:** Tuesday, October 25, 2011 1:03 PM  
**To:** Customer Service - US  
**Subject:** iam cancelling one of my two policys

my name is kishara simerman  
9508 state ave  
marysville ,wa, 98270

- 07/05/1976
- 
- last four of soc # 6153
- 
- policy # t3090870
- 
- monthly draft \$23.00 from bank of america
- 
- please cancel thanks send me a reply when this request is completed thanks

---

This email is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, protected by the attorney/client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies

from your computer system without reading, saving, or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

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Microsoft Mail Internet Headers Version 2.0

Received: from oic1mxoly01.oic.wa.gov ([198.238.85.20]) by oic1mxoly01.oic1.wa.lcl with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 10:54:29 -0700

Received: from mail126.message-labs.com (mail126.message-labs.com [216.82.250.99]) by OICAPOLY03.OIC.WA.GOV

(Clearswift SMTPRS 5.4.0) with ESMTP id <Ta485be2b0ac6ee5514658@OICAPOLY03.OIC.WA.GOV> for <allisonh@oic.wa.gov>;

Wed, 23 May 2012 10:54:29 -0700

X-Env-Sender: angela.trombley@combined.com

X-Msg-Ref: server-7.tower-126.message-labs.com|1337795604|11429953|1

X-Originating-IP: [129.33.19.119]

X-StarScan-Version: 6.5.10; banners=combined.com,-,-

X-VirusChecked: Checked

Received: (qmail 21744 invoked from network); 23 May 2012 17:54:15 -0000

Received: from unknown (HELO aceins.com) (129.33.19.119)

by server-7.tower-126.message-labs.com with DHE-RSA-AES256-SHA encrypted SMTP; 23 May 2012 17:54:15 -0000

Received: from ([10.16.165.43])

by ussbylgw001.aceins.com with ESMTP id 39YFQH1.12511860;

Wed, 23 May 2012 13:53:21 -0400

Received: from ussbyexb001.aceins.com ([10.16.165.41]) by ussbyexc001.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:53:21 -0400

Received: from USSBYEX7H802.aceins.com ([10.16.177.163]) by ussbyexb001.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:53:21 -0400

Received: from ussbyex7uvs4.aceins.com ([fe80::6863:6f77:169:a652]) by

USSBYEX7H802.aceins.com ([fe80::19d6:c28e:a859:82c2%12]) with mapi; Wed, 23

May 2012 13:53:20 -0400

From: "Trombley, Angela" <angela.trombley@combined.com>

To: "allisonh@olc.wa.gov" <allisonh@olc.wa.gov>

CC: "King, Kemberli" <Kemberli.King@combined.com>

Date: Wed, 23 May 2012 13:53:20 -0400

Subject: Joseph Tobey 2 of 4

Thread-Topic: Joseph Tobey 2 of 4

Thread-Index: AcyTSf1q4vBxkNQzTc+1tqdYjgugEDAAAtSBvKXAEvDA=

Message-ID: <A088B9653C610F4E82C21FD872D96B5D0FC468BEC2@USSBYEX7UVS4.aceins.com>

Accept-Language: en-US

Content-Language: en-US

X-MS-Has-Attach:

X-MS-TNEF-Correlator:

acceptlanguage: en-US

Content-Type: multipart/alternative;

boundary="\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC2USSBYEX7UVS4a\_"

MIME-Version: 1.0

Return-Path: angela.trombley@combined.com

X-OriginalArrivalTime: 23 May 2012 17:53:21.0254 (UTC) FILETIME=[F1314060:01CD390C]

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC2USSBYEX7UVS4a\_

Content-Type: text/plain; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC2USSBYEX7UVS4a\_

Content-Type: text/html; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC2USSBYEX7UVS4a\_--

Page: 1 Document Name: untitled

```

NAME-RES          *** GENERAL DATA *** BUS-DATA ID: 378253463
KISHARA M SIMERMAN NORTHWESTERN AUTOBODY MANAGER
7611 EASY ST      9508 STATE AVE 360-653-8477
EVERETT           WA MARYSVILLE WA 425-377-4244
                  98203-6319 98270-2251
BIRTH 19 SEX CON SPL DIV CAN LIF -SIP- FMT LNG C/O CC A-D-D PND ORACLE MAIL
██████████ F Y 0 0 00 00 D E N 00-00 0 000000000 00-00
*****
POLICY FORM COV C DUE-DATE SPS PREM SYM APP TYP RT BF ACT-DATE ISS-DATE
01 T2200875 11531 9 1 06-23-09 01 75.00 & K 4 8 06-15-09 09-23-08
02 T3090870 10266 Y 1 11-23-11 00 149.50 & K 4 7 11-20-11 09-23-08
03 T4161894 12960 K 1 11-19-11 25.82 & 5 10-19-11 06-19-09

```

RQST/PF4 NEW-RQST/PF5 RETURN/PP6 COPY/PA1

MSG:

DISPLAY= GD TYPE= I KEY= 378253463

CMD=

Date: 11/2/2011 Time: 3:31:18 PM

COMBINED INSURANCE COMPANY OF AMERICA  
111 East Wacker Drive, Suite 700, Chicago, IL 60601  
I apply for a policy based on the following information.



APPLICATION NUMBER 8001  
T6079445C

Section 1 - BASIC INFORMATION (Required for all products.)

M  F INSURED'S FIRST NAME: X Kishara MIDDLE INITIAL: S LAST NAME: Simmons

INSURED'S RESIDENCE NUMBER: 9508 STATE: IL CITY: Marysville ZIP: 61777

INSURED'S DATE OF BIRTH: [REDACTED] AGE: 35 CALL TYPE:  Home  Business

REFRANK POLICY NUMBER: WA 98270 SOCIAL SECURITY NUMBER: [REDACTED]

INSURED'S BUSINESS ADDRESS (if different from residence): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

Is any person applying for coverage on Medical? YES  NO  Will this policy replace any existing policies? YES  NO

An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:

Home  Business ( ) Additional No. (Cell) ( )

8:30 am - 8:00 am  8:10 am - 12:00 pm  12:00 pm - 8:00 pm  8:00 pm - 8:00 pm  After 8:00 pm

(Required for Income Protector and optional for other coverages.)

INSURED'S BUSINESS NAME: [REDACTED] BUSINESS PHONE NUMBER: [REDACTED]

INSURED'S BUSINESS ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

(Required if Payor different from Insured.)

PAYOR'S FIRST NAME (if other than insured): [REDACTED] INITIAL: [REDACTED] LAST NAME: [REDACTED]

PAYOR'S RESIDENCE ADDRESS (if other than insured): [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

(Required for Accident & Sickness Protector, Cancer Protector and Critical Care Protector)

DEPENDENT'S FULL NAME (if required): Krista Kris Cabana RELATIONSHIP TO INSURED: [REDACTED]

Section 2 -- EMPLOYMENT & INCOME INFORMATION (Required if applying for Income Protector only)

1. Insured's Occupation

2. Please describe all employment duties performed in detail:

3. I certify that my gross annual earnings, or net earnings if self-employed, at time of application (without overtime, unless overtime is contractual, and without other bonuses or incentives) is: \$ [REDACTED] Yes No

4. Are you self employed or have you been working for the same employer for less than 6 months? (A telephone interview may be required.) [REDACTED]

5. Do you currently work in your primary occupation, performing all primary duties, and work at least 30 hours or more per week?

6. Do you currently have any other in force disability coverage with another carrier?



APPLICATION NUMBER 8003  
T6079445C

**Section 4 - PLAN SELECTION**

	FORM NUMBER	PLAN CODE	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Silver (Plan I)
<input checked="" type="checkbox"/> Accident Protector	14032	ASP	<input type="checkbox"/> Individual/Spouse (Rider)	<input checked="" type="checkbox"/> Gold (Plan II)
Accident & Sickness Protector	12904	ASP	<input type="checkbox"/> Single Parent (Rider)	
Emergency Room Rider			<input type="checkbox"/> Family (Rider)	
Outpatient Surgery Rider				
Intensive Care Rider				

If applying for Accident/Sickness, the following qualifying question must be answered:

**Qualification Question - Read Carefully:** To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?

Insured: Yes No Spouse: Yes No Children: (Answer for each eligible child below)

**Income Protector**

FORM NUMBER	PLAN CODE	Monthly Benefit	Benefit Period
19819	D11	\$	0 6 months 0 1 year 0 2 years
<u>Elimination Period</u>	14 30 90 days		<u>Occupation Class</u>

**Section 5 - PREMIUM & BILLING INFORMATION (Required for all products.)**

RENEWAL MODE ANNUAL <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> TRIP <input type="checkbox"/>	TOTAL MONTHLY PREMIUM \$ 16.50
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**Section 6 - DEPENDENT INFORMATION**

(Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector).

SPOUSE'S FIRST NAME	SPOUSE'S INITIAL	SPOUSE'S LAST NAME	SPOUSE'S DATE OF BIRTH	Male	Female
Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N	Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER

5004

Section 7 - DECLARATIONS - This section must be read, signed, and dated by insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident-Only policy, I understand that the policy does not provide benefits for loss from sickness.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO
Signature of insured: [Signature] Date of Application: 10 24 2011
City (where signed): Mansfield State: NH

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer Joseph Tobey (print)
Sales Manager William J. Chen (print)

Agent's/Producer's Signature [Signature] Code # 0122
Manager's Signature [Signature] Code # 6845
Home Office USA only

Date 10 24 2011

Table with 2 columns: Field, Value. Fields include Agent/Producer's phone, email address, and call phone.

Table with 2 columns: Primary, Secondary. Fields include Agent/Producer Name, Code #, Percentage, and Signature.

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER  
T6079445C

**AUTOMATIC PREMIUM COLLECTION**  
(Automatic Premium for Monthly Mode ONLY)

Name of Financial Institution: Bank of America City: Norcrossville State: GA

BANK ACCOUNT NUMBER: 125000024

NAME OF PAYOR APPEARING ON BANK FINANCIAL INSTITUTION: Keshava Srinivasan

Charge my Check  Savings Initial Premium Collected: \$ 650 Policy Type:  Life  Health

Preferred Billing Date: 15

**AUTHORIZATION FOR ELECTRONIC DEBIT**

I hereby authorize Combined Insurance Company ("Combined") to initiate electronic debit entries or effect a charge by any other commercially accepted method, to my checking or savings account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premium is not paid within the grace period under the subject policy(ies), as in the event withdrawal are disallowed, the policy(ies) will terminate. Life policies may have non-forclosure benefits.

X [Signature] Date: 10 24 2011 WORKS PHONE NUMBER: 360 653 8477

Amount of Insurance	\$ <u>500</u>
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COMBINED INSURANCE COMPANY OF AMERICA • 111 East Wacker Drive • Suite 700 • Chicago, IL 60601

**CONDITIONAL RECEIPT** IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

Conditions Which Must Be Satisfied Before Coverage is Effective:

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for.

Effective Date of Coverage:

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on the date of application.

Limitation of Certain Coverage:

Provided that in the event of death of the Proposed Insured prior to issuance of the policy(ies) such insurance applied for under the application is limited to \$50,000 as a lump sum under each policy, or if a monthly income policy, monthly payments may not exceed a total of \$50,000 under each policy.

If any of the above conditions are not met, the policy(ies) applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy(ies) is (are) not issued within 60 days after the date of application. All premium checks must be made payable to the Company. Do not make check payable to the agent or leave the payee blank.

Received from Keshava Srinivasan

\$ 650 as First Full Premium.

For Form No(s): 16032

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

[Signature]

Proposed Insured

Date: 10/24/11

[Signature]  
Authorized Agent/Producer

0122

Agent/Producer Code Number

Nov. 2. 2011 3:24PM

Combined Insurance

No. 4290 P. 43



**AUTHORIZATION FOR CREDIT CARD PAYMENTS  
COMBINED INSURANCE COMPANY OF AMERICA**

APC Services • PO Box 8704 • Scranton PA 18505-0704  
1-800-225-4500 • www.combinedinsurance.com

City/Town

Residence

City/Town / Zip

Type \* (A = Accident, S = 2nd Essential Health, H = LTO Health, L = LTO Life)

Policy Type

Complete Policy Number

Policyholder(s) Name(s)

Address (Print)

NEW

ISS

CHG

CONV

REIN

A T60794453

Kishana Silverman

X

The Cardholder acknowledges that he/she is the rightful owner of the credit card used in this transaction, and is authorized by the credit card company to charge the premium amount indicated below, on the dates and frequencies marked herein. The Cardholder further acknowledges the purchase of policy(ies) in the amount shown and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer and understands that if premium amount credited is not honored by the credit card issuer, coverage will not be in effect.

I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

The Cardholder further agrees that if premiums are not paid within the grace period under the subject policy(ies), as in the event collections are dishonored, the policy(ies) will terminate, except for life insurance policies in which case non-forfeiture provisions and/or automatic premium loan provisions may apply.

Approval Code 061515

PBD 28

CARD TYPE

Name of Cardholder Kishana Silverman

CARDHOLDER ZIP CODE 08205

Account Number [Redacted]

MONTH YEAR 04 15

Cardholder Signature [Signature]

TODAY'S DATE MONTH DAY YEAR 10 24 11

Agent Name Joseph Toban (Please Print)

AGENT CODE 0122

AGENT CHARGED 16 00

801562-CC-CICA-11

Home Office Copy 1 - If this form is being submitted for renewal premiums or initial and renewal premiums, submit this copy with your production. If this form is being submitted only for the initial premium, include this copy with the deposit and destroy the second copy.

(1/1)



**Memorandum of Interview**

---

**Date:** May 31, 2012  
**OIC Case #:** 1056600

**Name /Address of Person  
Interviewed:** Kishara Simerman  
7611 Easy St  
Everett, WA  
425-377-4244

**Investigator Conducting  
Interview:** Allison Hanson

**Others Present During  
Interview:** No

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

**Interview Audio Recorded:** No

**Declaration Prepared:** Yes, but not returned signed

---

On the above date, Kishara Simerman stated that she stated that she has had 2 policies with Combined Insurance for at least 2 years.

When asked if Joseph Tobey talked to her about her policies, she said he did. She said he approached her at work when she was leaving and said that they were upgrading the policy and needed her signature. She said she signed the form and told him to continue the automatic withdrawal from her bank account.

When asked if she emailed Combined to cancel her policy, Simerman said no. She stated that someone from Combined called her and said that she was sold a different policy with different benefits and with a higher payment. Combined re-instated her old policy and removed any changes that were made by Tobey.

When asked if her email was [kishmarasimerman@gmail.com](mailto:kishmarasimerman@gmail.com) Simerman said no. She stated that her email is [kishme7@gmail.com](mailto:kishme7@gmail.com).

Simerman agreed to sign a declaration.

**Hanson, Allison (OIC)**

---

**From:** Trombley, Angela [angela.trombley@combined.com]  
**Sent:** Wednesday, May 23, 2012 10:53 AM  
**To:** Hanson, Allison (OIC)  
**Cc:** King, Kemberli  
**Subject:** Joseph Tobey 1 of 4

Ms. Hanson,

Below is one of 4 emails I will be sending you in regards to the Joseph Tobey case

Angela Trombley  
Director Field Compliance & Investigations  
Combined Insurance  
Office 518-786-7135

---

**From:** Customer Service - US  
**Sent:** Tuesday, October 25, 2011 2:40 PM  
**To:** Warren, Valerie; Rao, Lisa  
**Cc:** Trombley, Angela  
**Subject:** FW: cancel policy # t0518970

Please note the cancellation request below.

Also, I see that the three cancellation request e-mails I just sent, including this one, all look quite similar. They could be legitimate, or there could be something else going on.

Angela, I'll send you the other two cancellation e-mails I reference above.

Thank you.

---

**From:** bruce whiting [whiting.brucewhiting.bruce@gmail.com]  
**Sent:** Tuesday, October 25, 2011 1:17 PM  
**To:** Customer Service - US  
**Subject:** cancel policy # t0518970

bruce whiting  
1302 w mukilteo blvd ,  
everett, wa, 98203

last four of soc # 2469

policy # t0518970 \$25.00

monthly draft wells fargo

ive decided to cancel please return any money owed stop drafting today 10/25/11 send me a email when this is done dont want to be talked into keeping it

---

This email is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, protected by the attorney/client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

---

Received: from oic1mxoly01.oic.wa.gov ([198.238.85.20]) by oic1mxoly01.oic1.wa.lcl with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 10:53:57 -0700

Received: from mail76.messagelabs.com (mail76.messagelabs.com [216.82.242.131]) by OICAPOLY03.OIC.WA.GOV

(Clearswift SMTPRS 5.4.0) with ESMTP id <Ta485bdad9cc6ee5514658@OICAPOLY03.OIC.WA.GOV> for <allisonh@oic.wa.gov>;

Wed, 23 May 2012 10:53:57 -0700

X-Env-Sender: angela.trombley@combined.com

X-Msg-Ref: server-16.tower-76.messagelabs.com!1337795576!33326819!1

X-Originating-IP: [129.33.19.119]

X-StarScan-Version: 6.5.10; banners=combined.com,

X-VirusChecked: Checked

Received: (qmail 12153 invoked from network); 23 May 2012 17:53:47 -0000

Received: from unknown (HELO aceins.com) (129.33.19.119)

by server-16.tower-76.messagelabs.com with DHE-RSA-AES256-SHA encrypted SMTP; 23 May 2012 17:53:47 -0000

Received: from ([10.16.165.43])

by ussbyigw001.aceins.com with ESMTP id 39YFQH1.12511784;

Wed, 23 May 2012 13:52:54 -0400

Received: from ussbyexb001.aceins.com ([10.16.165.41]) by ussbyexc001.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:52:54 -0400

Received: from ussbyex7hc302.aceins.com ([10.16.177.50]) by ussbyexb001.aceins.com with Microsoft SMTPSVC(6.0.3790.4675);

Wed, 23 May 2012 13:52:53 -0400

Received: from ussbyex7uvs4.aceins.com

([fe80:0000:0000:0000:6863:6f77:1.105.166.82]) by ussbyex7hc302.aceins.com

([10.16.177.50]) with map!; Wed, 23 May 2012 13:52:53 -0400

From: "Trombley, Angela" <angela.trombley@combined.com>

To: "allisonh@olc.wa.gov" <allisonh@olc.wa.gov>

CC: "King, Kemberli" <Kemberli.King@combined.com>

Date: Wed, 23 May 2012 13:52:53 -0400

Subject: Joseph Tobey 1 of 4

Thread-Topic: Joseph Tobey 1 of 4

Thread-Index: AcyTQsh8DG+Xbn9HSOWfwhU0FzR7JAAAsaJWKXHEJWA=

Message-ID: <A088B9653C610F4E82C21FD872D96B5D0FC468BEC1@USSBYEX7UVS4.aceins.com>

Accept-Language: en-US

Content-Language: en-US

X-MS-Has-Attach:

X-MS-TNEF-Correlator:

acceptlanguage: en-US

Content-Type: multipart/alternative;

boundary="\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC1USSBYEX7UVS4a\_"

MIME-Version: 1.0

Return-Path: angela.trombley@combined.com

X-OriginalArrivalTime: 23 May 2012 17:52:53.0864 (UTC) FILETIME=[E0DDDE80:01CD390C]

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC1USSBYEX7UVS4a\_

Content-Type: text/plain; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D96B5D0FC468BEC1USSBYEX7UVS4a\_

Content-Type: text/html; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable

--\_000\_A088B9653C610F4E82C21FD872D9685D0FC468BEC1USSBYEX7UVS4a\_--

Page: 1 Document Name: untitled

```

NAME-RES          *** GENERAL DATA ***   BUS-DATA   ID: 371913972
BRUCE WHITING     J B FISHERIES INC      OWNER
1302 W MUKILTEO BLVD 1302 W MUKILTEO BLVD 425-259-1289
EVERETT          WA EVERETT            WA 425-259-1289
                  98203-1703          98203-1703
BIRTH 19 SEX CON SPL DIV CAN LIF -SIP- FMT LNG G/O CC A-D-D PND ORACLE MAIL
██████ M Y 0 0 00 00 D N 00-00 0 000000000 00-00
*****
POLICY FORM COV C DUE-DATE STS PREM SYM APP TYP RT BF ACT-DATE ISS-DATE
01 TD518970 10266 Y 1 10-21-11 00 162.50 & K 4 7 11-15-11 02-21-06

```

ROST/PF4 NEW-ROST/PF5 RETURN/PF6 COPY/PA1

MSG1

DISPLAY= GD TYPE= I KEY= 371913972

CMD= ---

Date: 11/2/2011 time: 3:31:35 PM

COMBINED INSURANCE COMPANY OF AMERICA  
111 East Wacker Drive, Suite 700, Chicago, IL 60601  
I apply for a policy based on the following information.



Application Number  
T6079444B

5001

Section 1 - BASIC INFORMATION (Required for all products)

M  F INSURED'S FIRST NAME  
INSURED'S MIDDLE INITIAL  
INSURED'S LAST NAME  
INSURED'S RESIDENCE ADDRESS  
INSURED'S CITY  
INSURED'S STATE  
INSURED'S ZIP  
INSURED'S AGE  
INSURED'S OCCUPATION  
INSURED'S BILLING ADDRESS IF DIFFERENT FROM RESIDENCE  
INSURED'S CITY  
INSURED'S STATE  
INSURED'S ZIP  
INSURED'S SOCIAL SECURITY NUMBER  
INSURED'S PHONE NUMBER  
INSURED'S CITY  
INSURED'S STATE  
INSURED'S ZIP  
INSURED'S BUSINESS PHONE NUMBER  
INSURED'S BUSINESS ADDRESS  
INSURED'S CITY  
INSURED'S STATE  
INSURED'S ZIP

Y Bruce  
Whiting  
1302  
Everett  
54  
Home  
425 259 1289  
WA 98203

Is any person applying for coverage on Medicaid? YES  NO  
Will this policy replace any existing policies? YES  NO  
An Authorized Interviewer may call to obtain additional information required to complete this application. Check most convenient place and time to call:  
Home  Business ( )  
Additional No. (Cell) ( )  
 6:30 am - 8:00 am     8:00 am - 12:00 pm     12:00 pm - 3:00 pm     3:00 pm - 6:00 pm     After 6:00 pm

(Required for Income Protector and optional for other coverages.)  
INSURED'S BUSINESS PHONE NUMBER  
INSURED'S BUSINESS ADDRESS  
INSURED'S CITY  
INSURED'S STATE  
INSURED'S ZIP

(Required if Payer different from Insured.)  
PAYOR'S FIRST NAME (IF OTHER THAN INSURED)  
PAYOR'S MIDDLE INITIAL  
PAYOR'S LAST NAME  
PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED)  
PAYOR'S CITY  
PAYOR'S STATE  
PAYOR'S ZIP

(Required for Accident & Sickness Protector, Cancer Protector and Critical Care Protector.)  
INSURANCE'S FULL NAME (IF REQUIRED)  
RELATIONSHIP TO INSURED

Colleen Whiting  
Wife

Section 2 - EMPLOYMENT & INCOME INFORMATION (Required if applying for Income Protector only)

1. Insured's Occupation
2. Please describe all employment duties performed in detail:
3. I certify that my gross annual earnings, or net earnings if self-employed, at time of application (without overtime, unless overtime is contractual, and without other bonuses or incentives) is: \$
4. Are you self employed or have you been working for the same employer for less than 6 months? (A telephone interview may be required.) Yes No
5. Do you currently work to your primary occupation, performing all primary duties, and work at least 30 hours or more per week?
6. Do you currently have any other in force disability coverage with another carrier?



APPLICATION NUMBER  
T6079444B 5003

**Section 4 - PLAN SELECTION**

	FORM NUMBER	PLAN CODE	Individual	Silver (Plan I)
<input checked="" type="checkbox"/> Accident Protector	14032	ASP	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Accident & Sickness Protector	12904	ASP	Individual/Spouse (Rider)	<input checked="" type="checkbox"/> Gold (Plan II)
			Single Parent (Rider)	
			Family (Rider)	
<input type="checkbox"/> Emergency Room Rider		<input type="checkbox"/> Outpatient Surgery Rider		
<input type="checkbox"/> Intensive Care Rider				

If applying for Accident/Sickness, the following qualifying question must be answered:  
**Qualification Question - Read Carefully:** To the best of your knowledge and belief, have you or any eligible dependent listed below had any advice or treatment for cancer, diabetes, stroke, heart attack, or other heart condition within the last five (5) years?

Insured: Yes No Spouse: Yes No Children: (Answer for each eligible child below)

---

**Income Protector**

FORM NUMBER	PLAN CODE	Monthly Benefit	Benefit Period
10019	D11	\$	<input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years
<b>Elimination Period</b>	14	30 90 days	<b>Occupation Class</b>

---

**Section 5 - PREMIUM & BILLING INFORMATION (Required for all products.)**

RENEWAL MODE:  ANNUAL  MONTHLY  TRIP

TOTAL MONTHLY PREMIUM \$ 16.50

---

**Section 6 - DEPENDENT INFORMATION (Required if applying for Dependent Coverage Accident & Sickness, Cancer Care Protector).**

SPONSOR'S FIRST NAME	MIDDLE INITIAL	LAST NAME	SEX	SPONSOR'S DATE OF BIRTH	
			Male Female		
Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N	Child's Name (First Initial Last)	Birthdate: Mo/Day/Yr	Qualification Question Y N

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER 6004

50016115

Section 7 - DECLARATIONS - This section must be read, signed, and dated by Insured.

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied.

In applying for this coverage, I represent and affirm the following:

- 1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act, Notice of Information Practices, and (if applicable) Outline of Coverage.
3. If applying for an Accident Only policy, I understand that the policy does not provide benefits for loss from sickness.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency or through a personal telephone interview to release to Combined Insurance Company of America any information regarding the insured, or past or present health of the insured for the purpose of evaluating this application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company. You may revoke this authorization anytime by writing Combined; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined to evaluate or process this application and may be a basis for denying this application.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I authorize Combined to show my name as a policyholder to prospective insureds. YES NO

Signature of Insured: [Signature] Date of Application: 10 24 2011

City (where signed): Everett State: WA

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices, and where applicable, the Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent/Producer: Joseph Tobey (print) Sales Manager: William J Clem (print)

Agent's/Producer's Signature: [Signature] Code # 6722 Manager's Signature: [Signature] Code # 6-PLJ

Date: 10 24 2011

Primary Agent/Producer contact information: Agent's/Producer's phone: 206-852-1739; Agent's/Producer's e-mail address: Joseph.Tobey@coi.com; Agent's/Producer's cell phone: 206-852-1739

Table with 2 columns: Primary, Secondary. Rows include Agent/Producer Name, Code #, Percentage, and Agent's/Producer's Signature.

APPLICATION FOR ACCIDENT AND INCOME PROTECTOR INSURANCE



APPLICATION NUMBER 5005  
T6079444B

**AUTOMATIC PREMIUM COLLECTION**  
(Automatic Premium for Monthly Mode ONLY)

Name of Financial Institution: Wells Fargo City: Burrill State: WA  
 BANK ROUTING NUMBER: 125008547 BANK ACCOUNT NUMBER: [REDACTED]

NAME OF PARTY APPEARING ON BANK/FINANCIAL INSTITUTION: J And B Fahrenes

Charge by Checking  Savings Initial Premium Collected \$ 16.50 Policy Type  L  H  Hybrid

Preferred Billing Date: 15

**AUTHORIZATION FOR ELECTRONIC DEBIT**

I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking or savings account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule.

I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-foreclosure benefits.

Proposed Premium Number: 425 773 1289

Date: 10 24 2011

*[Signature]*  
Signature of Payer

Amount of Insurance	\$ <u>500</u>
---------------------	---------------

COMBINED INSURANCE COMPANY OF AMERICA • 111 East Wacker Drive • Suite 700 • Chicago, IL 60601

**CONDITIONAL RECEIPT IMPORTANT-READ CAREFULLY**

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below:

Conditions Which Must Be Satisfied Before Coverage Is Effective:

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

Effective Date of Coverage:

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on the date of application.

Limitation of Certain Coverage:

Provided that in the event of death of the Proposed Insured prior to issuance of the policy(ies) such insurance applied for under the application is limited to \$50,000 as a lump sum under each policy, or if a monthly income policy, monthly payments may not exceed a total of \$50,000 under each policy.

If any of the above conditions are not met, the policy(ies) applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy(ies) is (are) not issued within 60 days after the date of application. All premium checks must be made payable to the Company. Do not make check payable to the agent or leave the payee blank.

Received from: Bruce Whiting  
\$ 16.50 as First Full Premium.  
For Form No(s): 14032

- Annual  
 Monthly Automatic Premium Collection  
 Tailor Pay Plan

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Bruce Whiting  
Proposed Insured  
Date: 10/24/11  
Authorized Agent/Producer  
GSTR  
Agent/Producer Code Number

In Re the Matter of:

Joseph Tobey

OIC Case #: 1056600

DECLARATION OF BRUCE  
WHITING

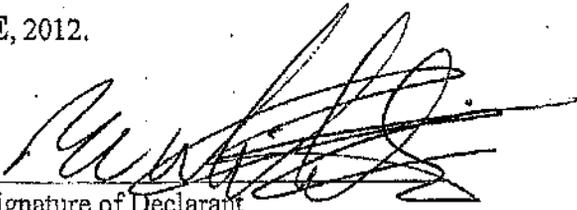
I, Bruce Whiting, do voluntarily provide this declaration, and state under penalty of perjury under the laws of the State of Washington, that the following facts are personally known to me, and, if called upon to do so, I could and would testify competently to them.

1. I am a resident of Washington State residing in Everett, WA.
2. Joseph Tobey told me that there was a policy change which would get me more benefits.
3. Combined Insurance headquarters called and told me that the policy I had before the change was better than what Joseph Tobey sold to me. Combined Insurance changed all the policies back to their original status.
4. I thought that through the process of the new policies being issued, the old one's would be cancelled and did not ask Joseph Tobey to cancel any policies for me.
5. I did not send an email to Combined Insurance on October 25, 2011 or at any other time requesting my policy be cancelled.
6. The email address of whiting.brucewhiting.bruce@gmail.com is not my email address nor have I ever had an email address through gmail.
7. My email address is bcwhiting@comcast.net.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF WASHINGTON STATE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 13<sup>th</sup> day of **JUNE**, 2012.

Bruce C Whiting  
Printed Name of Declarant

  
Signature of Declarant



**Office of Insurance Commissioner  
Investigations Unit  
Audio Recorded Statement**

OIC Case #: 1056600

Statement from a person under investigation: Yes  No

Statement from a witness: Yes  No

Name: (Last, First): Tobey, Joseph

Home Address: 15906 4<sup>th</sup> Ave S #19 City: Burien

State: WA Zip Code: 98148 Home Telephone #: 206-852-1739 Cell #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Email Address: Joseph.Tobey30@gmail.com

Drivers License #: \_\_\_\_\_ State: WA

**INVESTIGATOR STATEMENTS:**

This is a recorded statement regarding OIC Case # 1056600

Today's date is June 20, 2012 and the time now is 1004.

This is the statement of Joseph Tobey I am Allison Hanson  
of the Office of Insurance Commissioner, Legal Affairs Division, Investigations Unit. This statement is being  
recorded at OIC, Tumwater 5000 Bldg

Besides me and Mr. Ms. Tobey, there is/are 1 other person(s) present in the room. Barry Warden

For purposes of voice identification, would each person state and spell your name one at a time.

Mr./Ms. Tobey, do you understand that this statement is being recorded?

And do you authorize me to record your statement?  
Ask all others present if they are aware that the statement is being recorded?  
And do you authorize me to record you as well?

- State purpose of the interview -
- Begin interview -

**END OF STATEMENT:**

- Q. Do you have anything else you would like to add to this statement?
- Q. Do you declare that the information you have provided to me in your statement today is true and correct to the best of your knowledge?
- Q. Was your statement today made freely, voluntarily, and without threats or promises of any kind?
- Q. Would you please sign this document on the line below?

Signature of Person Giving Statement: \_\_\_\_\_  
Signature of Witness (Investigator): Allison Hanson

The time is now 1150 and this concludes this statement.

In Re the Matter of:

OIC Case #: 1056600

Joseph Tobey

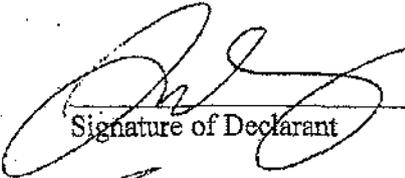
DECLARATION OF JOSEPH TOBEY

I, Joseph Tobey, do voluntarily provide this declaration, and state under penalty of perjury under the laws of the State of Washington, that the following facts are personally known to me, and, if called upon to do so, I could and would testify competently to them.

1. I had no knowledge of Lori Kemp Brother being
2. I did send the emails on behalf of Williams.
3. I did call for Jerry Hyatt to cancel this policy.
- 4.
- 5.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF WASHINGTON STATE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 20 day of June, 2012.

  
Signature of Declarant

Joseph Tobey  
Printed Name of Declarant

DECLARATION OF  
Page 1 of 1

TOBEY DISC-0202

OIC Exhibit 22 Page 1 of 1

 Reynolds, Kate ( )

### LICENSEE MASTER INQUIRY

WAOIC #

**Licensee Details**

**Name** TOBEY, JOSEPH M      **WAOIC #** 226086      **CIC / PIC #** TOBEYJM212QF

**DBA Name**

 Documents     Online Documents

**Mailing Address**

6031 S REDWING ST  
SEATTLE WA, 98118  
Tel: 206-852-1739  
Fax:  
email: JOSEPHTOBEY30@GMAIL.COM

**Business Address**

WA,  
Tel:  
Fax:  
email:

License Type	Lines	Effective Date	Expiry Date	Cancel Date	Formed Date	Status
Insurance Producer	L, D	07/01/2009	11/06/2013		04/30/2004	Active
Agent		04/30/2004	11/06/2009	07/01/2009	04/30/2004	Moved to Producer

Cases by Division	2009	2010	2011	2012	2013	Total till Date
Total Cases	0	0	0	1	0	1
Investigation	0	0	0	1	0	1
Legal	0	0	0	0	0	1

Orders Division	2009	2010	2011	2012	2013	Total till Date
Hearings	0	0	0	0	1	1

Taxable Premium Volume	2009	2010	2011	2012	2013
Taxable Premium Volume	N/A	N/A	N/A	N/A	N/A

Cases by Division

- Total Cases count displays the number of unique cases closed for that year.
- The division counts display the number of closed cases assigned to that division. If the case was assigned to multiple divisions, the case will be included in each of the division counts.
- Total till Date is the count for both Closed and the Open Cases.

Orders Division

- Count against the years in the Orders Division is the count for the Orders Issued.
- Total till Date in the Orders Division is the Count for the total Orders.

Print

### AGENT LICENSE DETAILS

<b>Total Active Lines: 0</b>		<b>Total Non-Active Lines: 2</b>		<input type="radio"/> All		<input checked="" type="radio"/> Active	
<b>Total Active Affiliations: 0</b>		<b>Total Non-Active Affiliations: 0</b>		<input type="radio"/> All		<input checked="" type="radio"/> Active	
<b>Total Active Appointments: 0</b>		<b>Total Non-Active Appointments: 1</b>		<input checked="" type="radio"/> All		<input type="radio"/> Active	
Company Name	WAOIC #	Eff. Date	Cancel Date	Appt. Type	Lines	Cases Count	Orders Count
PRIMERICA LIFE INSURANCE CO...	785	04/30/2004	07/01/2009	RAP	Lines	244	7

Print

### INSURANCE PRODUCER LICENSE DETAILS

<b>Total Active Lines: 2</b>		<b>Total Non-Active Lines: 0</b>		<input type="radio"/> All <input checked="" type="radio"/> Active			
License Lines	Status	Approval Date	Cancel Date				
Life	Active	07/01/2009					
Disability	Active	07/01/2009					
<b>Total Active Affiliations: 1</b>		<b>Total Non-Active Affiliations: 0</b>		<input type="radio"/> All <input checked="" type="radio"/> Active			
Licensee	WAOIC #	Eff. Date	Cancel Date	Lines	Cases Count	Orders Count	
INSPHERE INSURANCE SOLUTIONS INC	748466	12/28/2011			0	0	
<b>Total Active Appointments: 5</b>		<b>Total Non-Active Appointments: 2</b>		<input type="radio"/> All <input checked="" type="radio"/> Active			
Company Name	WAOIC #	Eff. Date	Cancel Date	Appt. Type	Lines	Cases Count	Orders Count
ASSURITY LIFE INSURANCE COM...	482	02/06/2012		RAP		16	3
CHESAPEAKE LIFE INSURANCE C...	256	12/07/2011		RAP		9	1
MINNESOTA LIFE INSURANCE CO...	840	12/20/2011		RAP		173	4
RELIASTAR LIFE INSURANCE CO...	984	03/23/2012		RAP		296	7
TIME INSURANCE COMPANY	1294	07/25/2012		RAP		262	6