

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON

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OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT

2013 OCT 21 P 1:44

Fax: (360) 664-2782

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

Hearings Unit DIC
Kelly A. Cairns, Esq.
Paralegal
(360) 725-7002
KellyC@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of)	Docket No. 13-0278
)	
JOSEPH M. MEHLHOFF,)	NOTICE OF HEARING
)	
Licensee.)	
_____)	

TO: Joseph Mehlhoff
234 West Lake Sammamish Parkway SE
Bellevue, WA 98008

COPY TO: Mike Kreidler, Insurance Commissioner
James T. Odiorne, J.D., CPA, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Charles Brown, Sr. Staff Attorney, Legal Affairs Division
AnnaLisa Gellermann, Esq., Deputy Commissioner, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

On September 26, 2013, the Washington State Insurance Commissioner (OIC) issued an Order Revoking License, No. 13-0278 ("Order"), against Joseph M. Mehlhoff ("Licensee"), revoking the Washington State resident insurance producer's license of Jeffrey M. Mehlhoff. The OIC's Order is based upon the OIC's allegations that, briefly, 1) over the course of a year, the Licensee received and deposited premium money from a client for a professional liability policy, but never forwarded the premium payments to the insurer, and provided the client with a false declaration page showing issuance of the policy; 2) the Licensee failed to supply the OIC investigators with his bank records pertaining to these transactions despite numerous requests; and 3) the Licensee sold insurance policies during an approximately three month period when he was without a valid license.



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In response, on October 1, 2013, the Licensee filed a Demand for Hearing to contest the OIC's Order, asserting that 1) when he discovered the professional liability policy had not been issued correctly, he made every effort to refund the payment and remedy the mistake; 2) he provided the OIC with all requested documents in a timely manner; and 3) upon discovering his license had lapsed, he reinstated it immediately.

On October 17, 2013, the undersigned held a first prehearing conference in this matter, which included all parties. The OIC was represented by Charles Brown, Esq., Senior Staff Attorney in the OIC's Legal Affairs Division. The Licensee appeared pro se. The undersigned reviewed procedure to be expected at hearing and answered all questions and concerns of the parties. Of note, the undersigned advised the parties that, pursuant to RCW 48.04.020(1), the OIC's Order against the Licensee was automatically stayed prior to its taking effect and will remain stayed until the Final Order after hearing is entered. Additionally, there being no objection from the Licensee, the undersigned granted permission for the OIC to have three of its witnesses, which were identified at the prehearing conference, to appear and provide testimony by telephone during the hearing. Finally, the parties agreed that this hearing should be held on December 3, 2013, and continuing on each successive day until terminated.

Accordingly, **YOU ARE HEREBY NOTIFIED that a hearing will be held commencing on Tuesday, December 3, 2013, at 10:00 a.m. Pacific Standard Time.** The purpose of this hearing, which will include all parties, is to consider whether the Order Revoking License, revoking the insurance producer's license of Joseph M. Mehlhoff, should be upheld, should be set aside, or should be modified in some way.

The OIC will appear by and through Charles Brown, Sr. Staff Attorney in the Legal Affairs Division. Mr. Brown's address is Office of the Insurance Commissioner, Legal Affairs Division, P.O. Box 40255, Olympia, WA 98504-0255 and his telephone number is (360) 725-7044. The Licensee will appear pro se, although he is advised that he may retain an attorney to represent him at any time. His address is 234 West Lake Sammamish Parkway SE, Bellevue, WA 98008, and his telephone number is (206) 819-1361.

Patricia D. Petersen, Esq., who serves as Chief Presiding Officer for the Office of the Insurance Commissioner, has been designated to hear and determine this matter. Her address is Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. Her telephone number is (360) 725-7105. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to her paralegal, Kelly A. Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

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

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The hearing will be governed by the Administrative Procedure Act, Chapter 34.05 RCW, and the model rules of procedure contained in Chapter 10-08 WAC. All parties may be represented at the hearing. They may examine witnesses and fully respond and present evidence and argument on all issues involved.

As required by RCW 34.05.434(2)(i), you are advised that a party who fails to attend or participate in any stage of the proceeding may be held in default in accordance with Chapter 34.05 RCW.

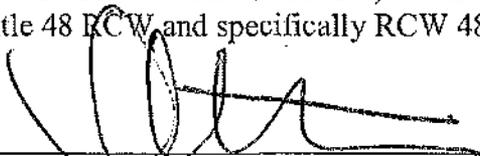
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by ch. 2.42 RCW. A Request for Interpreter form is attached to the original of this Notice, with instructions thereon.

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

Based upon the above activity,

IT IS HEREBY ORDERED that the adjudicative proceeding in this matter shall commence on Tuesday, December 3, 2013 at 10:00 a.m. Pacific Standard Time, continuing on each successive day until terminated, in the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA.

ENTERED AT TUMWATER, WASHINGTON, this 21st day of October, 2013, pursuant to Title 48 RCW and specifically RCW 48.04 and Title 34 RCW and regulations applicable thereto.



PATRICIA B. PETERSEN, J.D.
Chief Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Joseph M. Mehlhoff, Mike Kreidler, James T. Odiorne, John F. Hamje, Esq., Annalisa Gellermann, Esq., and Charles Brown, Esq.,

DATED this 23rd day of October, 2013.


KELLY A. CAIRNS

HEARINGS UNIT
Fax: (360) 664-2782

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

Hearings Unit
Paralegal
(360) 725-7002
Hearings@oic.wa.gov

To request an interpreter, complete and mail this form to:

Chief Presiding Officer
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. 13-0278, before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____

Signed: _____

Please print or type your name: _____

Address: _____

Telephone: _____