

FILED

BEFORE THE STATE OF WASHINGTON  
OFFICE OF INSURANCE COMMISSIONER

2015 FEB 11 P 3:14

In the Matter of

**BRUCE D. MULLIGAN,**

Applicant.

) **Docket No. 15-0015**

) **NOTICE OF HEARING**

**TO:** Bruce D. Mulligan  
1015 9<sup>th</sup> Street #D  
Bremerton, WA 98337

**COPY TO:** Mike Kreidler, Insurance Commissioner  
James T. Odiorne, J.D., CPA, Chief Deputy Insurance Commissioner  
John F. Hamje, Deputy Commissioner, Consumer Protection Division  
Jeff Baughman, Licensing Manager, Consumer Protection Division  
Darryl Colman, Insurance Enforcement Specialist, Legal Affairs Division  
AnnaLisa Gellermann, Deputy Commissioner, Legal Affairs Division  
Office of the Insurance Commissioner  
PO Box 40255  
Olympia, WA 98504-0255

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

On January 8, 2015, the Office of the Insurance Commissioner ("OIC") Licensing Compliance Supervisor, Cheryl Penn, ACP, sent an email to Bruce D. Mulligan ("Denial Letter") informing him that his application for a Washington insurance producer's license had been denied pursuant to RCW 48.17.530(1)(f), which gives the OIC the authority to deny a license to anyone who has been convicted of a felony. The Denial Letter notes that while Mr. Mulligan's conviction was 20+ years old, he was not released from prison until October 2014 and had had insufficient time to demonstrate rehabilitation.

Mr. Mulligan submitted a Demand for Hearing ("Demand"), filed January 21, 2015, requesting that the OIC's denial be reversed. Mr. Mulligan states he was told that if his felony conviction was more than ten years old he would be allowed to obtain an insurance license if he passed the schooling and life insurance examination, which he did. He further states that he is disabled and on kidney dialysis, and that insurance is the only employment that would allow him to work part

time and make a living. According to the Demand, Mr. Mulligan has submitted letters to the OIC from his parole officer and from friends and family attesting to his character.

On February 11, 2015, the undersigned held a first prehearing conference. The OIC was represented by Darryl Colman, Attorney at Law, Insurance Enforcement Specialist in the OIC's Legal Affairs Division. Mr. Mulligan appeared pro se.

Mr. Mulligan stated that, while he would prefer to be represented by an attorney, he expected to represent himself. I stated that if he did intend to retain an attorney, he should do so soon, as a last-minute continuance of the evidentiary hearing date based on an attorney's schedule or needed case preparation would be unlikely.

The OIC expects to call Ms. Penn and possibly one other witness. Mr. Mulligan expects to call James Fee and himself as witnesses.

Mr. Mulligan stated that because of his dialysis schedule and health issues, he preferred a Monday afternoon hearing. The parties agreed that the hearing should be able to be completed in one afternoon session and that they would run late if needed to accomplish this.

**YOU ARE HEREBY NOTIFIED that a hearing will be held at the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA, beginning March 23, 2015, at 1 PM, Pacific Time.** The hearing is expected to conclude on the afternoon of March 23, 2015, but will continue until terminated. The purpose of the hearing is to consider whether the OIC's denial of Mr. Mulligan's application for a Washington resident insurance producer's license should be upheld.

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 and may examine witnesses, respond, and present evidence and argument on all relevant issues.

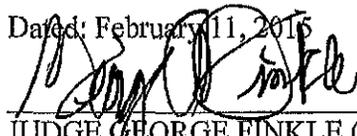
A party who fails to attend or participate in the hearing or another stage of this proceeding may be held in default in accordance with Chapter 34.05 RCW. *See*, RCW 34.05.434(2)(i).

Judge George Finkle (Ret.), Presiding Officer, has been designated by the Insurance Commissioner to hear and determine this matter. The hearing will be held under the authority granted by the Insurance Commissioner under Chapter 48.04 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, with instructions, is attached to the original of this Notice.

All case related documents and correspondence shall be directed to the Hearings Unit, Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to the Hearings Unit paralegal, Kelly Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

Dated: February 11, 2015

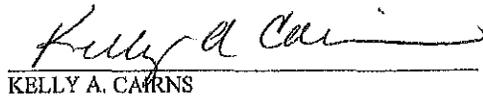


JUDGE GEORGE FINKLE (Ret.)  
Presiding Officer

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: Bruce D. Mulligan, Mike Kreidler, James T. Odlorne, J.D., CPA, John F. Hamje, Jeff Baughman, Darryl Colman, and AnnaLisa Gellermann.

DATED this 12<sup>th</sup> day of February, 2015.

  
KELLY A. CAIRNS

**OFFICE OF INSURANCE COMMISSIONER**  
**HEARINGS UNIT**  
Fax: (360) 664-2782

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

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

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**REQUEST FOR INTERPRETER**

I am a party or witness in Matter No. 15-0015 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: \_\_\_\_\_