

BEFORE THE STATE OF WASHINGTON  
OFFICE OF INSURANCE COMMISSIONER

**FILED**

2015 DEC -8 A 9:09

HEARINGS UNIT  
OFFICE OF  
INSURANCE COMMISSIONER

In the Matter of )  
 )  
**COMFORT DENTAL GOLD PLAN, LLC,** ) **Docket No. 15-0183**  
 ) **AMENDED**  
 ) **NOTICE OF HEARING**  
Unauthorized Entity. )  
\_\_\_\_\_ )

**TO:** Brent E. Haden, Attorney at Law  
The Law Firm of Haden & Haden  
827 East Broadway  
Columbia, MO 65201

**COPY TO:** Mike Kreidler, Insurance Commissioner  
James T. Odiorne, J.D., CPA, Chief Deputy Insurance Commissioner  
Doug Hartz, Deputy Commissioner, Company Supervision Division  
AnnaLisa Gellermann, Deputy Commissioner, Legal Affairs Division  
Marcia Stickler, Insurance Enforcement Specialist, 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 August 11, 2015, Marcia Stickler, Insurance Enforcement Specialist of the Office of Insurance Commissioner ("OIC") sent a Consent Order Levying A Fine, No. 15-0183 ("Order"), to Comfort Dental Gold Plan LLC ("CDGP"), proposing imposition of a fine against CDGP, in lieu of other administrative action, for selling a medical discount plan without a license in violation of Washington law.

In a letter dated November 9, 2015, Mr. Haden, counsel for CDGP filed a Demand for Hearing on the proposed imposition of a fine ("Demand") on behalf of CDGP, arguing that CDGP did not violate Washington law, and if it did so, the proposed fine is unfair and disproportionate relative to CDGP's alleged conduct. Further CDGP alleges if it did violate Washington law, it did so in ignorance and argues that at no time did CDGP ever defraud or injure a CDGP customer, and that it acted in good faith to provide a legitimate product to the citizens of Washington.

On December 3, 2015, the undersigned held a first prehearing conference. The OIC was represented by Marcia Stickler, Insurance Enforcement Specialist, of the OIC's Legal Affairs Division. Attorney Brent E. Haden represented CDGP.

After considering the views of the Parties, I enter the following Order:

By January 14, 2016, the parties shall exchange copies of any briefs and documents they expect to offer into evidence at the evidentiary hearing. Any briefs and documents so provided should also be provided to the Hearings Unit at the address below.

**YOU ARE HEREBY NOTIFIED that an evidentiary hearing will be held at the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA, beginning Thursday, January 21, 2016, at 11:00 a.m., Pacific Time.** The hearing is expected to conclude on the same day, but will continue until terminated. The purpose of the hearing is to consider whether CDGP violated Washington law by allegedly selling a medical discount plan without a license, and if the fine levied by the OIC should be affirmed.

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.

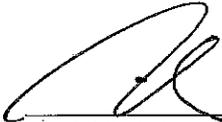
A party who fails to attend or participate in the hearing or another stage of this proceeding may be held in default in accordance with Chapter 34.05 RCW. *See*, RCW 34.05.434(2)(i).

William Pardee, 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 284-02-070(1)(c), accommodation will be made for persons needing assistance due to difficulty with language or disability. Further, 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 Accommodation 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, Dorothy Seabourne-Taylor, at the same address. Ms. Seabourne-Taylor's telephone number is (360) 725-7002.

Dated: December 8, 2015



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WILLIAM PARDEE  
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: Brent E. Haden, Mike Kreidler, James T. Odiorne, J.D., CPA, Doug Hartz, AnnaLisa Gellermann and Marcia Stickler.

DATED this 8<sup>th</sup> day of December, 2015.

  
DOROTHY SEABOURNE-TAYLOR

**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 ACCOMMODATION FOR LANGUAGE OR DISABILITY**

I am a party in Matter No. 15-0205 before the Insurance Commissioner.

I request accommodation for the following disability (insert your disability):

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I request an interpreter for myself or a witness who will be testifying at the evidentiary hearing.

Please check the statements that apply:

I am a non-English-speaking person and 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 accommodation for your disability, an interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Please print or type your name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_