Exhibit and Witness List

FILED
2016 SEP -8 AM 7:51
HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

Exhibit No.	Description	No. of Pages
1.	Email from Director of Education – Rex N. Winder	1
2.	Complete roster submission and course reporting; Oregon #33510, Washington #611496	5
3.	Complete roster submission and course reporting; Oregon #1017692, Washington #611735	6
4.	Email statement from website developer, Josh Wegener, dated September 1, 2016	1
5.	Reconstructed Attendance Roster, Class dated 12/18/2016	1
6.	Reconstructed Attendance Roster, Class dated 10/22/2015	1
7.	Reconstructed Attendance Roster, Class dated 5/26/2016	1
8.	Certificate of Completion, Dorjee Nepali, class dated 5/26/2015	1

No Witnesses attending

1

rex@itaamerica.com 11:48 AM (2 hours ago)

to Douglas

William Pardee
Presiding Officer

Your Honor;

As Director of Education for Insurance Training Associates, LLC, I will, unfortunately, be unable to attend the hearing scheduled for September 16, 2016 (Docket No. 16-0166). I will be attending a conference in Chicago, Illinois on that date.

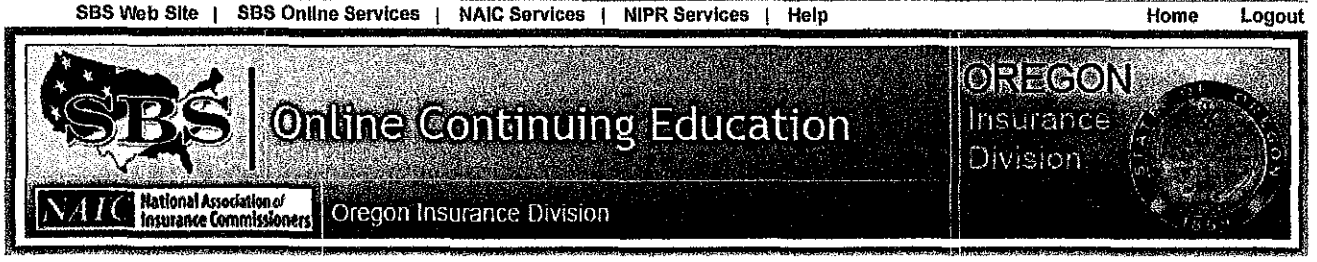
In my place I will be sending Douglas W. Harness, Founder of Insurance Training Associates, LLC, and our leading continuing education instructor. Mr. Harness was the original responder to Mr. Joe Mendoza's audit request and is quite familiar with the facts surrounding the actions of the Washington Office of Insurance Commissioner.

Sincerely,

Rex N. Winder
Director of Education
Insurance Training Associates, LLC
4504 SW Corbett
Suite 200
Portland, OR 97239
503-265-8360

2

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help Home Logout



Your record has been submitted successfully.

Dear INSURANCE TRAINING ASSOCIATES.,

Thank you for using NAIC's State Based Systems Continuing Education Provider services, offered on behalf of **Oregon Department of Insurance**.

Course Id	Student Count	Total Credits	Fee Amount
33510	9.0	9.0	$9.00
Roster Fee Total			$9.00
Miscellaneous Fees			$0.00
Processing Fees			$0.00
Grand Total			$9.00

ALL FEES WILL APPEAR AS A CHARGE FROM THE NAIC ON YOUR MONTHLY CREDIT CARD STATEMENT.

Course Roster Upload Detail
Transaction reference number: 32600958
Amount: $9
Authorization Number: 44546
Transaction Date: 10/22/2015

Your rosters have been successfully uploaded (Transaction Id: 32600958). Please contact the State / District Insurance Department with questions.

Click here to print application receipt

Home

SBS 2014 Fall Warranty
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NAIC National Association of Insurance Commissioners

Synergy
10/22/2015
AAA Insurance
33510
Protecting client Privacy
9 ATTENDEES

OR:	NAME
684146	Carmil W. Ritchey
17198464	Percilla Bobo
16899244	Sheri Miller
17480926	William Stevens
6225737	Diane R. Huntley
17129815	Blake Lindsay
11357123	Cheryl Paddock
6230888	Lynn M Halfemann
	~~Luis M Iniguez~~
17260853	Matthew L Holmes
	~~Sheryl Smith~~

Protecting Client Privacy
#. 33510
10/22/2015

SBS Online Continuing Education

NAIC National Association of Insurance Commissioners | Oregon Insurance Division

OREGON Insurance Division

Please verify the list of attendee's. If correct press Submit to continue. If changes are needed please press Edit to return to the Course Roster Data Entry Screen.

License Number	National Producer Number	Name
0000684146	684146	CARMIL RITCHEY
0017198464	17198464	PERCILLA BOBO
0016899244	16899244	SHERI MILLER
0017480926	17480926	WILLIAM STEVENS JR
0006225737	6225737	DIANE HUNTLEY
0017129815	17129815	BLAKE LINDSAY
0011357123	11357123	CHERYL PADDOCK
0006230888	6230888	LYNN HALDEMAN
0017260853	17260853	MATTHEW HOLMES

Submit Edit

SBS 2014 Fall Warranty

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NAIC National Association of Insurance Commissioners

19A

873756 Sheryl Smith
741155 Luis M Iniguez

611496

APPROVED

NO Course Roster submitted -
Not aware of any WA
Agents attending -

Sign-in 3:00 pm Sign-out - 4:00 PM
10/22/2015

Protecting Client Privacy

Continuing Education Course Roster

INSURANCE TRAINING ASSOCIATES LLC (ITA) Completion Date 10/22/2015

Provider # 300078

Course Number: 619085 Replaced Course Number: 611496 Course Title: Protecting Client Privacy

Credit Hours: 1 Ethic Hours: 0 Instruction Method: Classroom

Location: 600 SW 6th Ave Portland, OR

Instructor Information

Last Name	First Name	Middle Name
Harness	Douglas	W

Attendees

WAOIC #	Last Name	First Name	Middle Name
741155	INIGUEZ	LUIS	M
873756	Smith	Sheryl	Danae

3

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help Home Logout

SBS | Online Continuing Education

OREGON Insurance Division

NAIC National Association of Insurance Commissioners | Oregon Insurance Division

Your record has been submitted successfully.

Dear INSURANCE TRAINING ASSOCIATES.,

Thank you for using NAIC's State Based Systems Continuing Education Provider services, offered on behalf of **Oregon Department of Insurance.**

Course Id	Student Count	Total Credits	Fee Amount
1017692	28.0	84.0	$84.00
Roster Fee Total			$84.00
Miscellaneous Fees			$0.00
Processing Fees			$0.00
Grand Total			$84.00

ALL FEES WILL APPEAR AS A CHARGE FROM THE NAIC ON YOUR MONTHLY CREDIT CARD STATEMENT.

Course Roster Upload Detail
Transaction reference number: 32623214
Amount: $84
Authorization Number: 45903
Transaction Date: 12/18/2015

Your rosters have been successfully uploaded (Transaction Id: 32623214). Please contact the State / District Insurance Department with questions.

Click here to print application receipt

Home

SBS 2014 Fall Warranty

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NAIC National Association of Insurance Commissioners

Synergy 12/18/2015
class
Auto insurance
coverage & claims
#1017692
28 ATTENDEES - OR
3 ATTENDEES - WA

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help | Home | Logout

SBS | Online Continuing Education

OREGON Insurance Division

NAIC National Association Insurance Commissioners | Oregon Insurance Division

Please verify the list of attendee's. If correct press Submit to continue. If changes are needed please press Edit to return to the Course Roster Data Entry Screen.

License Number	National Producer Number	Name
0016977343	16977343	JILLIAN WISBECK
0006245421	6245421	MELINDA WYATT
0006222982	6222982	JULIE ZOPF
0000670950	670950	WALTER KLIMBACHER
0001501446	1501446	CLIFTON POWELL
0006222360	6222360	MARY TAYLOR
0005271275	5271275	TAMI CRUTCHFIELD
0010956482	10956482	SAM FARAH
0001921644	1921644	ERIC RICE
0006246265	6246265	HARRY DOYLE
0013841721	13841721	RACHAEL BURBACH
0000678618	678618	EREN STARR
0001501616	1501616	RONALD SEVERSON
0000075259	75259	DOUGLAS MENELY
0000681159	681159	DEBORA HUTCHINS
0000034009	34009	MOZAFFAR GHOMGHALEH
0005771320	5771320	STEVEN BAKER
0006246979	6246979	CAROL GREGUS
0000775529	775529	MARK CLAEYS
0007556086	7556086	REBECCA CANIPAROLI
0000121727	121727	WILLIAM KRIEGER
0009464578	9464578	PAUL TOUFAR
0006243418	6243418	RICHARD HENNESSY
0016996756	16996756	BRIAN EVANS
0006240516	6240516	MICHAEL GOODELL
0002449100	2449100	DAVID SELLERS
0000664546	664546	DARYL BOLIBA
0006263676	6263676	TEKLA PETERS

Submit | Edit

SBS 2014 Fall Warranty

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NAIC National Association of Insurance Commissioners

December 18, 2018 | Class: Auto Claims & Coverage

SYNERGY RESTORATION & CONSTRUCTION LLC

Printed Name:		Signature:	Email:	NPN Number:
WALTER KLIMBACHER	1	[signature]	jwklimansw.com	670950
Mary Jo Taylor	2	[signature]	Jo.Taylor.11574 State Farm	6222360
Tami Crutchfield	3	Tami Crutchfield	tami.crutchfield@libertymedical.com	5271275
SAM FARAH	4	[signature]	sfarah@farmersagent.com	10956482
Eric Rice	5	[signature]	eric.cmarfell@farmersagency.com	1921644
HARRY DOYLE	6	Harry K Doyle	hbkcdd@gmail.com	6246265
Rachael Burbachs	7	[signature]	rachaelburbach@yahoo.com	0013841721
Fren Starr	8	Fren Starr	estarr@farmersagent.com	678618
RON Severson	9	Ron Severson	seversonInsurance@gmail.com	1501616
RICK HENNESSY	10	[signature]	rick.hennessy.b7hx@StateFarm.com	6243418
BRIAN EVANS	11	[signature]	BEVANS@LAPORTEINSURANCE.COM	16996756
Michael Goodell	12	[signature]	mgoodell@amfam.com	6240516
DAVID Sellers	13	[signature]	dsellers@farmersagent.com	2449100
[illegible]	14	[signature]	[illegible]	664546
TEKLA J. PETERS	15	[signature]	tjean@nehalemtel.net	6263676
Jillian Wisbeck	16	Jillian Wisbeck	jwisbeck@wsandco.com	16977343
Melinda Wyatt	17	Wyatt	mindykwyatt@yahoo	6245421
Julie Zopf	18	Julie Zopf	jazopf@yahoo.com	6222982
C. Lee Powell	19	C L Powell	powellins@rconnects.com	1501446
Doug Menely	20	Doug Menely	doug.menely.b8mb@statefarm.com	75259
	21			

December 18, 2018 Class: Auto Claims & Coverage

SYNERGY RESTORATION & CONSTRUCTION LLC

Printed Name:		Signature:	Email:	NPN Number:
Debora Leopold Hutchins	22	[signature]	dnhutchins@comcast.net	681159
Moze Ghomghaleh	23	[signature]	Moze.mgB@gmail.com	34009
Steven Baker	24	[signature]	sbaker@bakerinsurance.ngonq.com	5971320
Carol Gregus	25	Carol Gregus	cgregus@laporte-insurance.com	6246979
Mark Claeys	26	[signature]	markclaeys@hotmail.com	775529?
Beckee Caniparoli	27	BCaniparoli	Beckee@JohnmatlockInsurance.com	7556086
Bill Krieger	28	[signature]	bkrieger@farmersagent.com	121727
Paul Toufar	29	[signature]	ptoufar@farmersagent.com	9464578
	30			

Washington Insurance Continuing Education Attendance Register

Page #	
Total pgs	

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Auto Insurance - Coverage And Claims		
Course Number	611735		
Class Date	12/18/2015	Class Location	Synergy Rest - 2435 SE 10th Ave Portland 97214

	ATTENDEES First and Last Name	WAOIC Number	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Jvannorman@Sommersagent.com Jimmy H. Van Norman II	2403606	360-944-7332	12:00PM	[signature]	3:00	[signature]
2	Joseph Loughlin	745764	3606089804	12:30	[signature]	4:00	[signature]
3	Jie@nichiosurv.com						
4	Ina Sv.rzhevskiy	849480	360 521-6163	12:35	Inj L	3:00	IS
5			INikutsy@amfam.com				
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Doug Harness	Douglas W. Harness	12/18/2015

Continuing Education Course Roster

INSURANCE TRAINING ASSOCIATES LLC (ITA) Completion Date 12/18/2015

Provider # 300078

Course Number: 611735 Course Title: Auto Insurance Coverage and Claims

Credit Hours: 3 Ethic Hours: 0 Instruction Method: Classroom

Location: 2435 SE 10th Ave Portland, OR 97214

Instructor Information

Last Name	First Name	Middle Name
Harness	Douiglas	W.

Attendees

WAOIC #	Last Name	First Name	Middle Name
745764	LOUGHLIN	JOSEPH	F
849480	Svirzhevskiy	Ina	
240366	VAN NORMAN JR	JIMMY	H

Certificates emailed
12/18/2015

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Gmail

Douglas Harness <doug0448@gmail.com>

Washington Insurance Department

1 message

Josh Wegener <joshwegener@gmail.com> Thu, Sep 1, 2016 at 2:21 PM
To: Douglas Harness <doug@itaamerica.com>

Doug, Here is the info you requested about the ability to retain the actual exam answers for students taking online continuing education exams.

When a student answers an exam question and upon clicking to the next question, we inform them immediately that their answer was either correct or incorrect. If it was incorrect, we let them know what the correct answer was.

At the end of the exam, the code will automatically score the exam and let the student know their grade. If they scored a 70% (in WA) or better they are allowed to print off a certificate of completion from the website.

The current site does not retain any of the actual exam data other then the results and time spend. It is assumed that the server side generated scores meet regulatory requirements and is checked before being stored into the database.

We do not have the ability to recreate the data because we simply do not have it. The current site does not support this. It would require a lot of time and money to completely rewrite the exam section of the site to able to record all of this data.

It is very difficult to estimate the amount time it would take to fix this. As the current site code has no structure. Finding a peace of code is like trying to find a needle in a haystack while in the dark. The development and testing time would be about 80 hours at an cost of $9,600 at my rate of $120 / hour.

--
Thanks,
Josh Wegener

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Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Auto Insurance - Coverage and Claims		
Course Number	611735		
Class Date	12/18/2015	**Class Location**	Synergy Restoration, 2435 SE 10th Ave. Portland, OR 97202

ATTENDEES

	First and Last Name	WAOIC #	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Jimmy H. Van Norman Jr	240366	360-944-7332	12:30pm		3:30pm	
2	Joseph Laughlin	745764	360-608-9804	12:30pm		3:30pm	
3	Ina Svirzhevskiy	849480	360-521-6163	12:35pm		3:30PM	IS
4							
5							
6							
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10							
11							
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14							
15							

Instructor or Monitor - Name	Signature	Date / /
Douglas W. Harness	Douglas W. Harness	9/6/2016

Maintain this document for three years.

CEATTREG1/2014

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Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Protecting Client Privacy		
Course Number	611496		
Class Date	10/22/2015	**Class Location**	AAA Insurance - 600 SW Market St. Portland, OR 97201

ATTENDEES

	First and Last Name	WAOIC #	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Sheryl M. Smith	873756	503-222-6767	3:00pm	Sheryl Smith	4:00pm	SS
2	Luis M. Iniguez	741155	503-222-6767	3:00pm		4:00pm	LI
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Douglas W. Harness	Douglas W. Harness	9/6/2016

Maintain this document for three years.

CEATTREG1/2014

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Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Catastrophes and Insurance		
Course Number	610035		
Class Date	5/26/2016	**Class Location**	Buffalo Gap, 6835 SW Macadam, Portland, OR 97219

	ATTENDEES			Arrive		Depart	
	First and Last Name	**WAOIC #**	**Phone Number**	**Time**	**Signature**	**Time**	**Initials**
1	Dorjee Napali	610035	503-863-5815	5:00pm		8:00pm	DW
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Douglas W. Harness	Douglas W. Harness	4/6/2016

Maintain this document for three years.

CEATTREG1/2014

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
INSURANCE

LECTURE COURSE

STUDENT NAME: Dorjee Nepali
WAOIC# 718008

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Course Title: Catastrophes and Insurance

Course Number: 610035 **Course Completion Date**: 05/26/2015

Total Number of credit hours: 3

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this live course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did personally attend on the date indicated.

Name: Douglas W. Harness

Signature and date: 05/27/2015 (email copy)

STUDENT CERTIFICATION

I hereby certify that I personally attended the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

This certificate is valid for 24 months from the completion date. **CERT 0505 (09/12). DOC**