

BEFORE THE STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

FILED

2016 AUG 23 A 9:02

In the Matter of

INSURANCE TRAINING
ASSOCIATES LLC

Appellant.

Docket No. 16-0166

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

OIC EXHIBIT AND WITNESS LIST

COMES NOW the Washington State Office of the Insurance Commissioner, by and through Marcia G. Stickler, staff attorney, Insurance Enforcement Specialist, and submits its list of exhibits and its list of witnesses.

Exhibit No.	Description	No. of Pages
1.	Handwritten Note About Attendees dated October 22, 2015	1
2.	Certificate of Completion for Sheryl Smith for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	1
3.	Certificate of Completion for Luis M. Iniguez for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	1
4.	Washington Insurance Continuing Education Attendance Register for Course Title Auto Insurance – Coverage and Claims, Course No. 611735, Class Date December 18, 2015	1
5.	Certificate of Completion for Jimmy H. Van Norman Jr. for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	1
6.	Certificate of Completion for Ina Svirzhevskiy for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	1
7.	SIMBA Roster for Course Title Protecting Client Privacy, Course #619085, Completion date 10/22/2015	1
7b.	SIMBA Roster for Course Title Catastrophes and Insurance, Course # 610035, Completion date 5/26/2015	1
8.	Comments about Completed Examination Self-Study	1
9.	Sample of a Completed Examination for Eric Erickson 11/14/15	2
10.	Oregon Continuing Education Class May 26, 2015 Attendance Register	1
11.	Consent Order Levying a Fine, Order No. 16-0166	5

1 The following is a witness anticipated to be called by the Office of the Insurance
2 Commissioner at the above referenced hearing to be held on September 16, 2016, and thereafter:

3 Joe Mendoza, Education & Compliance Program Analyst
4 Producer Licensing & Oversight
5 Office of the Insurance Commissioner
6 P. O. Box 40255
7 Olympia, WA 98504-0255
8 (360) 725-7146

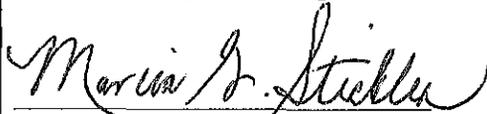
9 Mr. Mendoza will testify about the Appellant's violations of the Washington Administrative
10 Code relating to Continuing Education.

11 RESPECTFULLY SUBMITTED this 23^d day of August 2016.

12 

13 MIKE KREIDLER
14 Insurance Commissioner

15 By and through his designee

16 

17 MARCIA G. STICKLER
18 Insurance Enforcement Specialist
19 Legal Affairs Division

1
2 CERTIFICATE OF MAILING

3 The undersigned certifies under the penalty of perjury under the laws of the state of
4 Washington that I am now and at all times herein mentioned, a citizen of the United States, a
5 resident of the state of Washington, over the age of eighteen years, not a party to or interested in
6 the above-entitled action, and competent to be a witness herein.
7

8 On the date given below I caused to be served the foregoing WITNESS AND EXHIBIT
9 LIST on the following individuals by hand delivery, and by depositing in the U.S. mail via state
10 Consolidated Mail Services with proper postage affixed as indicated below:

11 *Via Hand Delivery*

12 William Pardee, Presiding Officer
13 Hearings Unit
14 Office of the Insurance Commissioner
15 P O Box 40255
16 Olympia, WA 98504-0255

17 *U.S. Regular Mail via state Consolidated Mail Services*

18 Douglas Harness, Founder
19 Rex Winder, Director of Education
20 Insurance Training Associates, LLC
21 4504 SW Corbett Avenue, Suite 200
22 Portland, OR 97239

23 DATED this 23rd day of August, 2016, at Tumwater, Washington.

24 
25 JOSH PACE
26 Secretary Senior
Legal Affairs

WA

873756

Sheryl Smith

741155

Luis M Friguez

611496

APPROVED

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

Sign-in 3⁰⁰ pm Sign-out - 4⁰⁰ pm
10/22/2015

Protecting Client Privacy



CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Sheryl Smith
WAOIC# 873756

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Protecting Client Privacy

Course Number: 611496

Course Completion Date: 10/22/2015

Total Number of credit hours: 1

Including Ethics credit hours (if applicable)

PROVIDER CERTIFICATION

I hereby certify that this 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 complete the course on the date indicated.

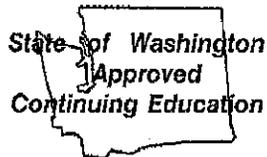
Name: Douglas W. Harness

Signature and date: 10/22/2015 email copy

STUDENT CERTIFICATION

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

Signature and date:



CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Luis M. Iniguez
WAOIC# 741155

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Protecting Client Privacy

Course Number: 611496

Course Completion Date: 10/22/2015

Total Number of credit hours: 1

Including Ethics credit hours (if applicable)

PROVIDER CERTIFICATION

I hereby certify that this 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 complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 10/22/2015 email copy

STUDENT CERTIFICATION

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

Signature and date:

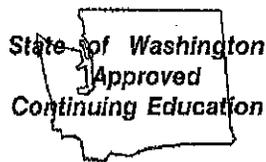
Washington Insurance Continuing Education Attendance Register

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 Loft - 2435 SE 10 th Ave Portland, OR 97214

ATTENDEES				Arrive	Signature	Depart	Initials
1st and Last Name	WADIC Number	Phone Number	Time		Time		
1 Jimmy H. Wain	29031112	200-914-7332	12:00PM	[Signature]	3:00	[Initials]	
2 Frank Lougatin	745764	3606687809	12:30	[Signature]	4:00	[Initials]	
3 J.P.A. Wain Insurance.com							
4 Iva Surzhevskiy	849480	360-521-6163	12:35	[Signature]	3:00	IS	
5		IVIKUTSY@AMFAM.COM					
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Davey Haxmeier	[Signature]	12/18/2015



CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Jimmy H. Van Norman Jr.
WAOIC# 240366

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Auto Insurance Coverage and Claims

Course Number: 611735 **Course Completion Date:** 12/18/2015

Total Number of credit hours: 3

Including Ethics credit hours (if applicable)

PROVIDER CERTIFICATION

I hereby certify that this 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 complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 12/18/2015 email copy

STUDENT CERTIFICATION

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

Signature and date:



CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Ina Svirzhevskiy
WAOIC# 849480

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Auto Insurance Coverage and Claims

Course Number: 611735

Course Completion Date: 12/18/2015

Total Number of credit hours: 3

Including Ethics credit hours (if applicable)

PROVIDER CERTIFICATION

I hereby certify that this 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 complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 12/18/2015 email copy

STUDENT CERTIFICATION

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

Signature and date:

SIMBA Client - Version 1.2.0.0

Public Records | Education | Company | Licensing | Rates & Forms | Cases | Inquiry | Tools

Mendoza, Jose (Production Web 15)

Provider Search | Provider | Courses | Rosters | Activity Logs

INSURANCE TRAINING ASSOCIATES LLC (ITA) (Provider #300078) Active Courses Expire on 02/25/2018

* At least one selection criteria is required.

Course # Completion Date to

[Add New Roster](#)

Completion Date	Course #	Course Title	Instruction Method
10/22/2015	619085	Protecting Client Privacy	Classroom

Fields marked with asterisk (*) are required.

Course Roster Information

Completion Date * Course # *

Course Title Instruction Method

Course Location

Instructor Information [Add Instructor](#)

Last Name *	First Name *	Middle Name
<input type="text" value="Harness"/>	<input type="text" value="Douglas"/>	<input type="text" value="W"/>

Attendees [Add Attendee](#)

WAQIC # *	Last Name	First Name	Middle Name	Date Added	Used in Renewal
<input type="text" value="741155"/>	INIGUEZ	LUIS	M	10/22/2015	<input type="button" value="Delete"/>
<input type="text" value="73756"/>	Smith	Sheryl	Banae	10/22/2015	Yes

Mendoza, Jose (Production Web 15)

Provider Search | Provider | Courses | Rosters | Activity Logs

INSURANCE TRAINING ASSOCIATES LLC (ITA) (Provider #300078) Active Courses Expire on 02/25/2018

* At least one selection criteria is required.

Course # Completion Date to

[Add New Roster](#)

Completion Date ▾	Course #	Course Title	Instruction Method
05/26/2015	610035	Catastrophes and Insurance	Classroom

Fields marked with asterisk (*) are required.

Course Roster Information

Completion Date * Course # *

Course Title Instruction Method

Course Location

Instructor Information [Add Instructor](#)

Last Name *	First Name *	Middle Name	
<input type="text" value="Harness"/>	<input type="text" value="Douglas"/>	<input type="text"/>	

Attendees [Add Attendee](#)

WAOIC # *	Last Name	First Name	Middle Name	Date Added	Used in Renewal	
<input type="text" value="718008"/>	NEPALI	DORJEE		05/27/2015	Yes	

3. Completed exam for each student listed below. Include answers with score. If the student took the course exam more than once, each exam is requested.

Self-Study Course Records:

Course# Name	Course title	Completed	WAOIC#	Student
602331 Erickson	ESSENTIAL ETHICS FOR AGENTS	11/14/2015	239110	Eric
602329 Halverson	LIFE INSURANCE REFRESHER	11/05/2015	760644	Karen
618754	WA LTC REFRESHER 4 HOUR COURSE	08/25/2015	245326	Eric Young
602332	INSURANCE AS A SOCIAL TOOL	06/26/2015	163785	Mary Greer
603996	11 HOUR ANNUITY COURSE	05/22/2015	745970	Laura Jones

The completed exams by each student can be viewed on document # 4-A, 4-B, 4-C, 4-D and 4-E.

We do not record the questions that are answered correctly nor the ones answered incorrectly. We only keep track of the final score once the producer gets a 70% or better grade. In 10 years we have never had an issue with an exam score being incorrect.

Completed Exams - Essential Ethics for Agents # 602331 – Eric Erickson
 taken on 11/14/2015.

Producer scored 100% on first exam

1	There are two basic rules concerning risk management. Which of the following is one of those two rules?	Standard	Edit Remove
2	When two insurance companies merge, what happens to all the policies of insurance outstanding against one of the insurers?	Standard	Edit Remove
3	If you size up your client to determine what his or her individual needs are, this is otherwise known as:	Standard	Edit Remove
4	Real estate company A and Insurance Company B have an agreement. Whenever someone buys a home from Real Estate Company A, they tell the buyer that they should buy homeowners insurance from Insurance Company B, or else their mortgage payments will go up. This is otherwise known as:	Standard	Edit Remove
5	If you have to meet close to impossible objectives, you could feel a growing pressure to behave in an unethical manner, which means you have entered a phase of:	Standard	Edit Remove
6	Which of the following is a method of 'loss control' that was mentioned in the course?	Standard	Edit Remove
7	To recover under the deceptive or unfair trade practices acts, the burden of proof is on the:	Standard	Edit Remove
8	The premise for Client for Life is that, 'When you constantly exceed the needs and expectations of your clients, you're:'	Standard	Edit Remove
9	In the case of Bell vs. O'Leary, the agent took an application for flood insurance but failed to notify the client that what?	Standard	Edit Remove
10	What must the insurer obtain in order to test an applicant for HIV?	Standard	Edit Remove

11	When you should exceed your basic legal responsibilities as an agent?	Standard	Edit Remove
12	All of the following would be defined as insurance 'advertising,' EXCEPT:	Standard	Edit Remove
13	The process of risk management requires setting and achieving goals in four areas. Which of the following is one of the areas listed?	Standard	Edit Remove
14	Being right reflects a level of ability, whereas honesty reflects:	Standard	Edit Remove
15	Which of the following situations might be considered an abuse of position?	Standard	Edit Remove
16	If an agent is involved in making, publishing, disseminating, directly or indirectly, any oral or written statement, pamphlet, circular, article or literature which is false or maliciously critical, what is the agent engaging in?	Standard	Edit Remove
17	What is the difference between pure risk and speculative risk?	Standard	Edit Remove
18	Why is a course on ethics important?	Standard	Edit Remove
19	If an insurer observes unethical, fraudulent, and malicious behavior and does not intercede, they are engaging in:	Standard	Edit Remove
20	What should you do if you see a co-worker acting unethically?	Standard	Edit Remove

Brant Page
already renewed
no credit for course

UNITED FARMERS AGENTS ASSOCIATION
CONTINUING EDUCATION CLASS
May 26, 2015

NAME	EMAIL ADDRESS	PHONE	NPR	SIGN IN	SIGN OUT
Terry Cleys	terrycleys@yahoo.com	(503) 661-7277	34354	<i>Terry Cleys</i>	<i>Terry Cleys</i>
Dave Flippen	david_flippen@yahoo.com	(503) 668-3591	34231	<i>Dave Flippen</i>	<i>Dave Flippen</i>
Merle Johnson	chapter14@ufaa.com	(503) 682-1583	34432	<i>Merle Johnson</i>	<i>Merle Johnson</i>
Walter Klimbacher	jklim@msn.com	(503) 648-2148	670950	<i>Walter Klimbacher</i>	<i>Walter Klimbacher</i>
Bill Krieger	bkrieger09@gmail.com	(503) 775-9842	121727	<i>Bill Krieger</i>	<i>Bill Krieger</i>
Mika Lee	mikalee24@gmail.com	(503) 443-1780	8313783	<i>Mika Lee</i>	<i>Mika Lee</i>
Brian McKenzie	brian@mckenzieagent.com	(503) 289-4923	37445	<i>Brian McKenzie</i>	<i>Brian McKenzie</i>
Doug Naef	dougnaef@aol.com	(503) 653-6242	67482	<i>Doug Naef</i>	<i>Doug Naef</i>
Brant Page	plstiman04@yahoo.com	(971) 732-5756	7615055	<i>B Page</i>	
Dean Page	dpage1@farmersagent.com	(503) 692-4400	7999900	<i>Dean Page</i>	
Rick Stubblefield	rick@stubblefield.com	(503) 489-1138	6251325	<i>Rick Stubblefield</i>	<i>Rick Stubblefield</i>
Bob Thompson	btinsurance@aol.com	(503) 655-0909	121644	<i>Bob Thompson</i>	<i>Bob Thompson</i>
Dave Voll	instman2013@gmail.com	(503) 655-2575	134284	<i>Dave Voll</i>	<i>Dave Voll</i>
Harry Waller	harry@harrywaller.com	(503) 657-9200	34030	<i>Harry Waller</i>	<i>Harry Waller</i>
Glenn White	glenn@glennwhiteinsurance.com	(503) 667-4600	34380	<i>Glenn White</i>	<i>Glenn White</i>
Marilyn McKenzie	marilyn@mckenzieagent.com	(503) 289-4923	8474875	<i>Marilyn McKenzie</i>	
Donna <i>Donna</i>	<i>Nepal!</i>	<i>853-863-5815</i>	<i>719008</i>	<i>Donna Nepal</i>	<i>Donna Nepal</i>
Kristin White	eservice@glennwhiteinsurance.com	(503) 667-4600	8555967	<i>Kristin White</i>	<i>Kristin White</i>

Handwritten: *Hogue* *hnd@hogue.com* *503-225-0917* *311 6856*

Handwritten: *Mika Lee* *mlee5@farmers.com* *503-977-4244*

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In the Matter of

INSURANCE TRAINING
ASSOCIATES LLC,

Continuing Insurance Education Provider.

Order No. 16-0166

WAOIC No. 300078

CONSENT ORDER
LEVYING A FINE

This Consent Order Levying a Fine ("Order") is entered into by the Insurance Commissioner of the state of Washington ("Insurance Commissioner"), acting pursuant to the authority set forth in RCW 48.02.060, WAC 284-17-302, and RCW 48.17.560, and continuing insurance education provider Insurance Training Associates LLC. This Order is a public record and will be disseminated pursuant to Title 48 RCW and the Insurance Commissioner's policies and procedures.

BASIS:

1. Insurance Training Associates LLC ("the Provider") is an approved insurance continuing education provider, provider number 300078. The Provider is located in Portland, Oregon and offers courses in Oregon and is aware that Washington producers attend some of its courses.
2. The Provider submitted rosters to the Insurance Commissioner and issued certificates for continuing education credit for two producers that signed out of a class 45 minutes early.

CONSENT ORDER LEVYING A FINE
ORDER NO. 16-0166

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State of Washington
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

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3. The Provider issued continuing education credit to two producers that did not sign an attendance register. The instructor of the course wrote a note stating the two producers were in the class so the Provider submitted rosters for the two producers. The Provider also submitted a roster for a producer that had signed an Oregon attendance register that did not meet Washington requirements.

4. The Provider failed to maintain records of exams completed by producers. The Provider had the exam questions but not the answers. The Provider stated that the computer program used grades the exam and provides the score. It does not show the questions marked correctly nor incorrectly. It is therefore not possible to verify the score.

5. WAC 284-17-272 requires continuing insurance education providers to maintain a course attendance roster, consisting of sign-in and sign-out registers, for lecture (classroom) courses, and submit the same in the format required by the Insurance Commissioner. By submitting attendance rosters for insurance producers that did not sign the attendance register, the Provider violated WAC 284-17-272.

6. WAC 284-17-273 provides that a continuing education provider must use an attendance register in the format required by the Insurance Commissioner to document attendance for a classroom and must include the arrival time, signature, and departure time with the attendee's initials. By submitting rosters for two producers who did not sign an attendance register, and for one producer that signed an Oregon attendance register that did not meet Washington requirements, the Provider violated WAC 284-17-273.

7. WAC 284-17-277 provides that insurance continuing education providers must maintain education records. Records include attendance register for each classroom course and webinar course, completed self-study course exam for each licensee completing a self-study course, and a copy of the completed certificate of completion issued to each licensee for an approved continuing education course. By failing to maintain continuing education exam records, the Provider violated WAC 284-17-277.

8. WAC 284-17-281 provides that to verify course completion, licensees must attend the entire presentation and sign the attendance register at the beginning and end of the presentation. By submitting rosters and issuing certificates for education credit to two producers that signed out of the class 45 minutes early, the Provider violated WAC 284-17-281.

9. WAC 284-17-302 gives the Insurance Commissioner authority to impose a fine on a continuing insurance education provider for failing to comply with any statute or rule pertaining to continuing education providers as specified in Titles 48 RCW and 284 WAC.

10. WAC 284-17-304 provides that the Insurance Commissioner's approval of a person, organization or business entity to act as a continuing education provider may be suspended or revoked or the provider may be placed on probation by the Insurance Commissioner if the continuing education provider or any of its employees, instructors or designees involved in continuing education is found to have violated any provision of Titles 48 RCW or 284 WAC.

11. WAC 284-17-306 provides approval of a continuing education course may be suspended or revoked if the Insurance Commissioner concludes that a continuing education provider issues a certificate of completion to a person who did not complete the course.

12. RCW 48.17.560 provides that after hearing or upon stipulation by the insurance education provider, and in addition to or in lieu of the suspension, revocation, or refusal to renew any such insurance education provider approval, the Insurance Commissioner may levy a fine upon the insurance education provider for each offense in an amount not more than one thousand dollars.

13. The Provider's violations of WAC 284-17-272, WAC 284-17-277, and WAC 284-17-281, justify the imposition of a fine on the Provider under WAC 284-17-302 and RCW 48.17.560.

CONSENT TO ORDER:

The Insurance Commissioner of the state of Washington and the Provider agree that the best interest of the public will be served by entering into this Order. NOW, THEREFORE, the Provider consents to the following in consideration of its desire to resolve this matter without further administrative or judicial proceedings. The Insurance Commissioner consents to settle this matter in consideration of the Provider's payment of a fine, and upon such terms and conditions as are set forth below:

1. The Provider acknowledges its duty to comply fully with the applicable laws of the state of Washington.

CONSENT ORDER LEVYING A FINE
ORDER NO. 16-0166

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State of Washington
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

2. The Provider consents to the entry of this Order, waives any and all hearing or other procedural rights, and further administrative or judicial challenges to this Order.

3. By agreement of the parties, the Insurance Commissioner will impose a fine of One Thousand Two Hundred Dollars (\$1,200.00) to be paid by August 5, 2016.

4. The Provider understands and agrees that any further failure to comply with the statutes and/or regulations that are the subject of this Order constitutes grounds for further penalties, which may be imposed in direct response to further violations.

5. This Order and the violations set forth herein constitute admissible evidence that may be considered in any future action by the Insurance Commissioner involving the Provider. However, the facts of this Order, and any provision, finding, or conclusion contained herein does not, and is not intended to, determine any factual or legal issue or have any preclusive or collateral estoppel effects in any lawsuit by any party other than the Insurance Commissioner.

EXECUTED this _____ day of _____, 2016.

INSURANCE TRAINING ASSOCIATES LLC

By: _____

Printed Name: _____

Printed Corporate Title: _____

AGREED ORDER:

Pursuant to the foregoing factual Basis and Consent to Order, the Insurance Commissioner of the state of Washington hereby Orders as follows:

1. The Provider shall pay a fine in the amount of One Thousand Two Hundred Dollars (\$1,200.00), receipt of which is hereby acknowledged by the Insurance Commissioner.

2. This Order and the violations set forth herein constitute admissible evidence that may be considered in any future action by the Insurance Commissioner involving the Provider.

CONSENT ORDER LEVYING A FINE
ORDER NO. 16-0166

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Office of the Insurance Commissioner
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Olympia, WA 98504-0255

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However, the facts of this Order, and any provision, finding, or conclusion contained herein does not, and is not intended to, determine any factual or legal issue or have any preclusive or collateral estoppel effects in any lawsuit by any party other than the Insurance Commissioner.

ENTERED this _____ day of _____, 2016.



MIKE KREIDLER
Insurance Commissioner

By and through his designee

MARCIA G. STICKLER
Insurance Enforcement Specialist
Legal Affairs Division