

STATE OF WASHINGTON

Phone: (360) 725-7000
www.insurance.wa.gov

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

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 of a true copy of this document to parties listed below.
DATED this 14th day of Oct. 2008 at Tumwater, Washington.

Signed: Wendy Galloway



OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT

Fax: (360) 664-2782

OCT 15 2008

Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

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

Wendy Galloway
Paralegal
(360) 725-7002
Wendyg@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of:)
)
JOHN A. HANLEY,)
dba JURISCO,)
)
Licensee.)

No. D07-0350
NOTICE OF HEARING

TO: Michael S. DeLeo, Esq.
Eisenhower & Carlson, PLLC
Washington Mutual Tower
1201 Third Avenue, Suite 1650
Seattle, Wa 98101

John A. Hanley, d/b/a Jurisco
P.O. Box 53265
Bellevue, Wa 98015

COPY TO: Mike Kreidler, Insurance Commissioner
Vernon Stoner, Chief Deputy Insurance Commissioner
Carol Sureau, Deputy Commissioner, Legal Affairs Division
Alan Singer, Staff Attorney, Legal Affairs Division
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255



NOTICE OF HEARING
No. D07-0350, Page 2

On September 2, 2008, a Demand for Hearing was received from Michael S. DeLeo, Esq., of Eisenhower & Carlson, PLLC, Washington Mutual Tower, 1201 Third Avenue, Suite 1650, Seattle, Washington, on behalf of John Hanley, d/b/a Jurisco, (Licensee). The purpose of said Demand for Hearing is to contest the Insurance Commissioner's (Commissioner) Order Revoking License, No. D07-0350, dated August 15, 2008. John Hanley, d/b/a/ Jurisco, believes that there is exculpatory information and documents that he intends to present in this appeal which provide justification for setting aside or otherwise modifying the subject Order. The Commissioner's position is, as stated in his aforereferenced Order which is included in the hearing file, the Licensee's wrongdoing in his issuance of bonds, including fiduciary bonds, guardian/trustee bonds, appeal bonds, probate bonds, garnishment bonds, injunction bonds and sheriff's indemnity bonds, such alleged violations including, among others, failure to make refunds to Washington consumers as required and failure to maintain proper records as required.

On September 30, 2008, the undersigned held a first prehearing teleconference in this matter. Mr. Hanley, d/b/a Jurisco, appeared by and through Michael S. DeLeo, Esquire. The OIC appeared pro se, by and through Alan Singer, Staff Attorney in the OIC's Legal Affairs Division. During said prehearing conference, the undersigned reviewed administrative procedure and addressed all questions and concerns of the parties. Any future questions or concerns, or requests for additional prehearing conferences, which may arise, may be directed by any party to Wendy Galloway, Paralegal to the undersigned, who can be reached by telephone at (360) 725-7002, or at the above address.

The hearing will be held under the authority of Title 48 RCW and specifically RCW 48.04, Title 34 RCW and regulations applicable thereto. Michael DeLeo will represent John A. Hanley, d/b/a Jurisco. Mr. DeLeo's address is Washington Mutual Tower, 1201 Third Avenue, Suite 1650, Seattle, Washington and his telephone number is (206) 382-1830. The OIC will appear pro se, by and through Alan Singer, Staff Attorney. Mr. Singer's address is Office of the Insurance Commissioner, P.O. Box 40255, Olympia, WA 98504-0255, and his telephone number is (360) 725-7046.

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

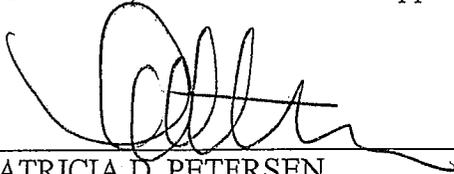
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English-speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by ch. 2.42 RCW. A Request for Interpreter form is attached to 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 **Monday, February 9, 2009, at the hour of 10:00 a.m.**, Pacific Standard Time, in the Office of the Insurance Commissioner, 5000 Capitol Boulevard, Tumwater, Washington 98501, in CR 221.

ENTERED AT TUMWATER, WASHINGTON, this 15th day of October, 2008 pursuant to RCW 48.04, Title 34 RCW and applicable regulations.



PATRICIA D. PETERSEN
Chief Hearing Officer
Presiding Officer



OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT

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Paralegal
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wendyg@oic.wa.gov

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

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

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. _____, 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: _____