

STATE OF WASHINGTON

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

FILED

STATE INSURANCE COMMISSIONER
DECLARATION OF MAILING

MIKE KREIDLER
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 29th day of Oct, 2008 at Tumwater, Washington.

Signed: W. Galloway



OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT

Fax: (360) 664-2782

2008 OCT 29 A 11:48

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

Hearings Unit, DIC
Patricia D. Petersen
Wendy Galloway, Officer
Paralegal
(360) 725-7002
Wendyg@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of:

- DESIGN SAVERS PLAN, STEVEN D.)
- SMITH, INC., STEVEN D. SMITH)
- DESIGN BENEFITS, INC., DENTAL)
- BY DESIGN, DESIGN TELESERVICES)
- INC., SDS FINANCIAL, JOHN BYARS,)
- ADOVA HEALTH, IRA GOTTLIEB,)
- FAMILY SECURITY COUNCIL, INC.,)
- NEW HEALTH CARE MANAGEMENT)
- GROUP, INC., C. MURPHY LEOPOLD,)
- EDWARD DEMMING, ROBERT D.)
- EDELHEIT, UNITED GROUP)
- PROGRAMS, INC., E2 HOLDING, INC.,)
- WAR COLLEGE SIMULATIONS, INC.,)
- UNITED PROGRAMS WORLDWIDE,)
- INC., UNITED NATIONAL WORKFORCE)
- ASSOCIATION, INC., OPTIMED,)
- ARNOLD H. KATZ, and JONATHAN)
- EDELHEIT,)
- _____ Unauthorized Insurers.)

D07-0351

NOTICE OF HEARING AS
TO JOHN BYARS, NEW HEALTH
CARE MANAGEMENT, AND
UNITED NATIONAL
WORKFORCE ASSOCIATION, INC.

TO: Larry J. White, Esquire
Smith White Sharma & Halpern
1126 Ponce de Leon Avenue N.E.
Atlanta, Georgia 30306

John Byars
2814 Spring Road, Ste 122
Atlanta, Georgia 30339-3046

New Health Care Management
2814 Spring Road, Ste. 122
Atlanta, Georgia 30339-3046

Mailing Address: P. O. Box 40255 • Olympia, WA 98504-0255
Street Address: 5000 Capitol Blvd. • Tumwater, WA 98501



United National Workforce Association, Inc.
1551 N. Flagler Drive, #1116
West Palm Beach, Florida 33401

COPY TO: Mike Kreidler, Insurance Commissioner
Vernon Stoner, Chief Deputy Insurance Commissioner
James T. Odiorne, Deputy Commissioner, Consumer Protection
Carol Sureau, Deputy Commissioner, Legal Affairs Division
Thomas P. Rowland, 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

On March 28, 2008, John Byars, New Health Care Management, and United National Workforce Association, Inc. (hereinafter referred to collectively as “Respondents”), by and through Larry James White, Esq. of Atlanta, Georgia, filed a Notice to Return Status Quo and Plaintiff to Preserve all Rights to Hearings and Other Pleading Response (“Notice”). Said Notice, which shall be considered to be a request for hearing, contested the Insurance Commissioners’ (“OIC”) Order to Cease and Desist, No D07-0351 entered by the OIC on December 18, 2007, against this individual and these entities. Because said Order was by its terms effective immediately, pursuant to RCW 48.04.010 there is no stay of the OIC’s action against this individual and these entities.

On April 30, 2008, the undersigned held a first prehearing teleconference in this matter. Respondents were represented by Larry James White, Esq. The OIC appeared pro se, by and through Thomas P. Rowland, Staff Attorney in his Legal Affairs Division. During said prehearing conference, Respondents and the OIC requested time to discuss the matter between themselves and attempt to reach a narrowing of the issues or other settlement of some or all of the issues involved in this proceeding.

A second prehearing conference was held on June 6, 2008, and, again at the request of Respondents and the OIC, the parties were granted more time in order to continue working on reaching an agreement or settlement of some or all of the issues involved in this proceeding. On Wednesday, August 27, 2008 a third telephone prehearing conference was held. During the third prehearing conference, it was agreed by the parties that even though the parties were still negotiating, that a hearing should be scheduled on Tuesday, November 4, 2008, at 10 a.m., Pacific Standard Time., in the Office of the Insurance Commissioner, 5000 Capitol Boulevard, Tumwater, Washington 98501.

As indicated in the above-referenced Notice, Respondents allege that they have abided by any and all rules and regulations as set forth in the Commissioner’s Order to Cease and Desist *and further incorporate any responses and demands made by their prior representatives, or by any other respondents, or by any other respondents, to any and all claims,* The OIC’s position is as asserted in his above-referenced Order to Cease and Desist. Both documents are included in the hearing file and are by this reference incorporated herein.

Re: John Byars, D07-0351

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. Mr. Byars will be represented by Larry J. White, Esquire of Smith, White, Sharma and Halpern, 1126 Ponce de Leon Avenue N.E., Atlanta, Georgia, and his telephone number is (404) 872-7086. The Commissioner will appear pro se, by and through Thomas P. Rowland, Staff Attorney of the Legal Affairs Division. His address is Office of the Insurance Commissioner, P.O. Box 40255, Olympia, WA 98504-0255, and his telephone number is (360) 725-7181.

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.

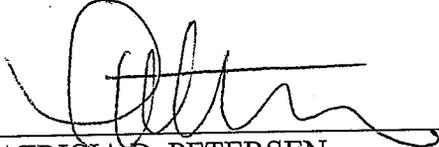
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English-speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by 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 **Tuesday, November 4, 2008, at the hour of 10 a.m.**, Pacific Standard Time, in the Office of the Insurance Commissioner, 5000 Capitol Boulevard, Tumwater, Washington 98501.

ENTERED AT TUMWATER, WASHINGTON, this 29th 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

Fax: (360) 664-2782

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

Wendy Galloway
Paralegal
(360) 725-7002
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: _____

