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 below
DATED this 10th day of March 2008 at Tumwater, Washington.
Signed W. Galloway

**STATE OF WASHINGTON**

**OFFICE OF INSURANCE COMMISSIONER**

Phone: (360) 725-7000

FILED

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Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

**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.

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

| | |
|---|---|
| In the Matter of: | No. D08-0007 |
| **ROBERT S. CHRONISTER,** | NOTICE OF HEARING |
| Licensee. | |

**TO:** Robert S. Chronister
3893 Gala Loop
Bellingham, Washington 98226

**COPY TO:** Mike Kreidler, Insurance Commissioner
Michael G. Watson, Chief Deputy Insurance Commissioner
Carol Sureau, Deputy Commissioner, Legal Affairs Division
Charles D. Brown, Sr. 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 February 8, 2008, Robert S. Chronister, Licensee, filed a Request for Hearing, dated February 6, 2008, in this matter. The purpose of the subject request for hearing is to contest the Commissioner's Order Revoking License, number D08-0007, dated on January 23, 2008.

Accordingly, on February 25, 2008, the undersigned held a first prehearing teleconference in this matter. Robert Chronister appeared pro se. The Insurance Commissioner appeared pro se,

by and through Charles D. Brown, Sr. Staff Attorney in his Legal Affairs Division. All questions were responded to, and the undersigned discussed procedure to be expected at hearing. Further, during said prehearing conference the parties agreed that the hearing in this matter shall be scheduled to commence on Monday, April 28, 2008, at 10 a.m., P.S.T.

The hearing will be held under the legal authority and jurisdiction granted the Commissioner by the Insurance Code, Title 48 RCW, and specifically RCW 48.04.010 and WAC 284-22-090. Robert S. Chronister will be appearing pro se. His mailing address is 3893 Gala Loop Bellingham, Washington 98226, and his telephone number is (360) 671-5360. The Insurance Commissioner will appear pro se, by and through Charles D. Brown, Sr. Staff Attorney for Legal Affairs. His mailing address is P.O. Box 40255, Olympia, WA 98504-0255 and his telephone number is (360) 725-7044.

The adjudicative proceeding will be conducted pursuant to the requirements of ch. 34.05 RCW, the Administrative Procedure Act, and will be governed by the model rules of procedure, ch. 10-08 WAC.

Based upon a delegation of authority from the Commissioner, the undersigned will conduct the hearing and will make the final decision and enter the final order relative to this matter, without input, review or any other communication with the Insurance Commissioner, his staff, or any individual having knowledge of the facts herein, as required by RCW 34.05.455 concerning ex parte communications and other requirements. Her address is P.O. Box 40255, Olympia, WA 98504-0255 and her telephone number is (360) 725-7105.

As above, on February 25, 2008, the undersigned held a first prehearing teleconference in this matter and has determined that no further prehearing conferences are necessary. However, any party may request an additional prehearing conference to discuss procedure or any other issue should they desire. Such requests 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.

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 the original of this Notice, with instructions thereon.

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

**ORDER**

Based upon the above activity,

IT IS HEREBY ORDERED that the adjudicative hearing in this matter shall commence on **Monday, April 28, 2008, at the hour of 10:00 a.m., P.S.T.,** in the Office of the Insurance Commissioner, 5000 Capitol Boulevard, Tumwater, Washington 98501.

ENTERED AT TUMWATER, WASHINGTON, this 10th day of March, 2008.

PATRICIA D. PETERSEN
Chief Hearing Officer
Presiding Officer

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON

Phone: (360) 725-7000

OFFICE OF
# INSURANCE COMMISSIONER

## HEARINGS UNIT

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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

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## 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: _____