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 7th day of Jan 2009
at Tumwater, Washington.
Signed: Wendy Galloway

STATE OF WASHINGTON

OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT
Fax: (360) 664-2782

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

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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: SUNG H. KIM, Licensee.	No. D08-0159 NOTICE OF HEARING

TO: Sung H. Kim
1414 S. 324th Street, B209225
Federal Way, Wa 98003

COPY TO: Mike Kreidler, Insurance Commissioner
Vernon Stoner, 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 October 23, 2008, the Insurance Commissioner (Commissioner) received a letter from Sung H. Kim, (Licensee) in the above-referenced matter, which letter shall be considered a Demand for Hearing. The purpose of said Demand for Hearing is to contest the Insurance Commissioner's (Commissioner) Order Revoking License, No. D08-0159, dated October 3, 2008. In said Order, the Licensee advised that he would like to explain the circumstances regarding the allegations made by the Commissioner and advises that he is head of his household and as the sole wage earner cannot afford to lose his insurance agent's license.

As stated in his afore-referenced Order Revoking License, the Commissioner's position is that in the course of obtaining automobile insurance for Washington residents Chung and Kab Woo the Licensee obtained the Woo's credit report and other personal information and then used this

information to misappropriate the Woo's identity, opened credit card accounts in their names and misappropriated funds from those accounts, all without the knowledge or consent of the Woos, and in conducting himself in this manner he engaged in fraudulent transactions and demonstrated himself to be incompetent, or untrustworthy, or a source of injury and loss to the public and not qualified to be an insurance agent in the State of Washington. Both the afore-referenced Order Revoking License and the Licensee's Demand for Hearing are included in the hearing file and are by this reference incorporated herein.

On November 24, 2008, the undersigned held a first prehearing teleconference in this matter. Mr. Kim, appeared pro se and indicated that he may hire an attorney. The Commissioner appeared pro se, by and through Charles D. Brown, Sr. Staff Attorney in the Office of the Insurance Commissioner's (OIC's) Legal Affairs Division. During said prehearing conference, the undersigned reviewed administrative procedure and addressed all questions and concerns of the parties. Of significance, Mr. Kim asked if an interpreter could be available and was assured by the undersigned that upon request an interpreter would be furnished without charge to Mr. Kim; a copy of the request for an interpreter form is attached hereto and Mr. Kim is requested to complete and return this form if he wishes to be furnished with an interpreter for the hearing.

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. Kim will appear pro se, unless he wishes to be represented by an attorney. Mr. Kim's address is 1414 S. 324th Street, B209225, Federal Way, Washington 98003 and his telephone number is (206) 607-7991. The Commissioner will appear pro se, by and through Charles D. Brown, Attorney. Mr. Brown's address is Office of the Insurance Commissioner, P.O. Box 40255, Olympia, WA 98504-0255, and his telephone number is (360) 725-7044.

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 **Friday, January 30, 2009, at 10 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 7th day of January, 2009, pursuant to RCW 48.04, Title 34 RCW and applicable regulations.

PATRICIA D. PETERSEN
Chief Hearing Officer
Presiding Officer

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

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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. D08-0159, 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: _____