

To the Insurance Commissioner

My name is Marcel and I was writing this letter to appeal the decision that was made for me about my license.

I was hurt by this decision to deny my license. I work very hard for my company Financial. I also work very hard to pass my insurance license test. I understand that there are some reservations about my history as I have had some run-ins with the law.

I do not make any excuses for how I live my life in the past. I had an issue with alcohol that has been addressed. I have been moving forward for the past 8 years. I changed and I am now a productive member of society. Other insurance agents in my company have had to write similar letters, encouraged me to come forward with the letter and asked that I get a chance to sell insurance.

Thank you for taking the time to consider my inquiry

Marcel Goodlow

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HEARINGS UNIT
OFFICE OF THE
INSURANCE COMMISSIONER



OFFICE OF
INSURANCE COMMISSIONER

July 15, 2016

MARCEL S GOODLOW
315 23RD AVE E
SEATTLE WA 98112

Re: Your Insurance License Application

Dear Mr. Goodlow:

This letter is to inform you that your application for an insurance producer license is denied. The denial is based upon your extensive criminal history. RCW 48.17.530 (1)(f) gives the Commissioner the authority to deny the license application any person that has been convicted of a felony.

You have the right to demand a hearing to contest this decision. During this hearing, you can present your argument that the decision should not have been entered for legal and/or factual reasons and/or to explain the circumstances surrounding the activities which are the subject of this decision. You may be represented by an attorney if you wish, although it is not required. In many hearings before this agency parties do choose to represent themselves without an attorney. Your Demand for Hearing must be made within 90 days after the date of this decision, which is the date of this email, or your Demand will be invalid and this decision will stand.

Your Demand for Hearing should be sent to Hearing Unit, Office of the Insurance Commissioner, P.O. Box 40255, Olympia, WA, 98504-0255, and must briefly state how you are harmed by this decision and why you disagree with it. You will then be notified both by telephone and in writing of the time and place of your hearing. If you have questions concerning filing a Demand for Hearing or the hearing process, please telephone the Hearings Unit, at 360-725-7002.

Sincerely,

Handwritten signature of Cheryl Penn in cursive.

CHERYL PENN, ACP
Licensing Compliance Supervisor
Producer Licensing & Oversight
(360) 725-7153
(360) 586-2019 [fax]
cherylp@oic.wa.gov [e-mail]

c: Marcel S. Goodlow
c/o EFinancial LLC
13810 SE Eastgate Way Ste 300
Bellevue, WA 98005

7/7/16

Efinancial

TO whom it may concern

I have been working for Efinancial since 11/5/15. I understand that you have some concerns about my past felonies.

I have changed my life since then. I had a substance abuse problem at that time. I am now clean and sober for five years.

I am committed to doing the right thing and proving to Efinancial that I will continue to be a hard worker

Deval Goodlow