



State of Washington  
 Office of the Insurance Commissioner  
 Hearings Unit  
 PO Box 40255  
 Olympia WA 98504-0255  
 5000 Capitol Boulevard  
 Tumwater, WA 98501  
 (360) 725-7002 FAX (360) 664-2782  
 HearingsU@oic.wa.gov

# Demand for Hearing

Please type or print in ink. Attach a copy of the Order or correspondence in dispute and all documents supporting your demand. This Demand for Hearing can be mailed, faxed, hand-delivered or emailed to the Hearings Unit at the address above. For OIC Demands, please provide contact information for all other interested parties and their representatives.

**FILED**

2016 NOV - 7 A. 9:11

**1 Requesting Party** (required information)

|  |  |
|--|--|
| Name/Business Name<br>Jean-Claude Silvain Kameni | OIC Case/Order/UNIT<br>16-0256         |
| Street Address<br>518 NE 102 nd st               | City, State, Zip<br>Seattle, WA, 98125 |
| Telephone Number<br>(206)739-9234                | Fax Number                             |
| Contact Person                                   | Telephone Number                       |
| Email Address<br>kameniic@icloud.com             |  |

**2 Authorized Representative/Attorney for Requesting Party**

|                  |            |                  |
|------------------|------------|------------------|
| Last Name        | First      | M.I.             |
| Business Name    |            |                  |
| Street Address   |            | City, State, Zip |
| Telephone Number | Fax Number | Email Address    |

**3 Subject Matter of Demand for Hearing**

Revocation or Denial of License  
  Revocation or Denial Certificate of Authority or Registration  
  Cease and Desist Order  
 Imposition of Fine/Consent Order  
  Other \_\_\_\_\_

**4 Additional Parties/Representatives** (for more parties and/or representatives, please attach additional pages)

|                  |            |                  |
|------------------|------------|------------------|
| Last Name        | First      | M.I.             |
| Business Name    |            |                  |
| Street Address   |            | City, State, Zip |
| Telephone Number | Fax Number | Email Address    |

**5 Issues and Arguments**

a. **Issues** – Briefly describe each issue or area of dispute that you wish us to consider. Attach additional pages if necessary.

To the Office of the Insurance Commissioner,

This letter is intended to be a request for the Washington State Insurance Commissioner to reconsider his decision to revoke my Life Insurance license for failing to promptly reply in writing to an inquiry relative to the business of insurance.

b. **Arguments** – Explain why each issue or area of dispute listed above should be decided in your favor. Attach additional pages if necessary. To the extent known, cite applicable rules, statutes, or cases in support of your arguments. Enclose copies of documents concerning your arguments including documents the Department previously requested from you that you have not yet provided.

To the Office of the Commissioner,

I do remember receiving a letter from the Insurance Commissioner regarding the failure to pay for the license. I had submitted a payment, on June 7, 2016. By the time the Office of the Commissioner attempted to withdraw the funds from my account, I had closed my bank account and transferred the funds elsewhere because my debit card had remained stuck in an ATM when I traveled out of town. That is why the payment was initially rejected with the following mention: "Account Closed".

I do acknowledge the attempts of your Office to reach out to me in order to resolve this matter, and I also acknowledge that I have been given sufficient time to take action. I am responsible for this decision to revoke my license. If the law must apply and this decision stand, I will accept it, not without disappointment or bitterness, but also with a stern resolution to strive for better professionalism.

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**6 Signature**

Either the Requesting Party or the Attorney/Representative can sign this Demand for Hearing. However, if the Representative is submitting the Demand, contact information for the Requesting Party must be provided under Section 1 above and the Attorney/Representative's contact information must be provided in Section 2.

**Requesting Party:**

\_\_\_\_\_  
Signature  
JEAN-CLAUDE SILVAIN KAMENI  
\_\_\_\_\_  
Name (please print or type)

11/4/2016  
\_\_\_\_\_  
Date  
Life Insurance Producer  
\_\_\_\_\_  
Title

**Authorized Representative:**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title

In The Matter of

JEAN-CLAUDE SILVAIN KAMENI,

Licensee.

ORDER NO. 16-0256

WAOIC NO. 921085

NPN NO. 17963635

ORDER REVOKING LICENSE

To: Jean-Claude Silvain Kameni  
518 NE 102nd St  
Seattle, WA 98125

**IT IS ORDERED** that Licensee's Washington State insurance producer's license is **REVOKED**, effective **November 8, 2016**, pursuant to RCW 48.17.530 and 48.17.475.

**BASIS:**

1. Jean Claude Silvain Kameni ("Licensee") is a Washington resident insurance producer, WAOIC No. 921085, having obtained his resident producer license on June 7, 2016.
2. The \$60 license fee was paid on June 7, 2016, through an electronic ACH payment. The ACH payment was rejected.

3. The Office of the Insurance Commissioner ("Insurance Commissioner") sent the Licensee electronic inquiries on June 10, 2016, and July 5, 2016, informing him that the ACH payment had been rejected and asking the Licensee to contact the Insurance Commissioner to make alternative payment arrangements. A hard copy letter was mailed to the Licensee on July 21, 2016. He did not respond to the electronic mails or the letter.

4. A final attempt was made to the Licensee via a letter mailed to his mailing address of record on August 3, 2016. This letter again informed the Licensee that the ACH payment had been rejected and asked that he immediately contact the Insurance Commissioner to make alternative payment arrangements. The Licensee did not respond.

ORDER REVOKING LICENSE  
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5. On September 13, 2016, the Insurance Commissioner's Compliance Analyst left a telephonic voice message for the Licensee. The Licensee returned the call and agreed to contact OIC Fiscal to make payment arrangements. As of October 21, 2016, no payment has been made by the Licensee.

6. RCW 48.17.530(1)(h) allows the Insurance Commissioner to place on probation, suspend or revoke, or refuse to issue or renew an insurance producer's license for using fraud, coercive or dishonest practices or demonstrating incompetence, untrustworthiness or financial irresponsibility in this state or elsewhere.

7. RCW 48.17.475 allows the Insurance Commissioner to revoke the license of any producer for failing to promptly reply in writing to an inquiry of the Insurance Commissioner relative to the business of insurance.

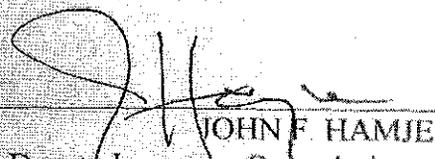
8. Based on the Licensee's violations of the referenced statutes, his producer license should be revoked.

Entered at Tumwater, Washington, this 24<sup>th</sup> day of October 2016.



MIKE KREIDLER  
Insurance Commissioner

By and through his designee



JOHN F. HAMJE  
Deputy Insurance Commissioner  
Consumer Protection Division

*Program Analyst - Jan Sullivan*