



State of Washington
Office of the Insurance Commissioner
Hearings Unit
PO Box 40266
Olympia WA 98504-0266
5000 Capitol Boulevard
Tumwater, WA 98501
(360) 725-7002 FAX (360) 664-2782
HearingsU@oic.wa.gov

Demand for Hearing

FILED

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.

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1 Requesting Party (required information)

Name/Business Name Michael MURPHY		OIC Case/Order No. 825148	HEARINGS UNIT OFFICE OF INSURANCE COMMISSIONER
Street Address 1035 S MCMILLAN CT		City, State, Zip SPOKANE VALLEY, WA, 99016	
Telephone Number 509-818-7245	Fax Number		
Contact Person MIKE MURPHY	Telephone Number 509-818-7245	Email Address MURPHMIK@HOTMAIL.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 NEILSEN	First SCOTT	M.I.
Business Name COLONIAL LIFE		
Street Address 707 S GRADY WAY SUITE 550		City, State, Zip RENTON, WA, 98057
Telephone Number 206-999-2496	Fax Number	Email Address SENIELSEN2@COLONIALLIFE.COM

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.

I WAS ACCUSED OF CONTACTING THE PAYROLL DEPT OF A BUSSINESS AND ASKING THEM TO DEDUCT INSURANCE PREMIUMS FROM THE INSUREDS BANK ACCOUNT WHICH I DID NOT DO.

I WAS ACCUSED OF SELLING AN INSURANCE POLICY TO AN INDIVIDUAL WHO STATED HE HAD INSURANCE AND HAD NO NEED OF ADDITIONAL PRODUCTS, HE DID REQUEST VIA EMAIL THESE PETICULAR PRODUCTS THAT WERE SUBMITTED, I DID SIGN AND SUBMIT THESE PRODUCTS MYSELF.

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.

AFLAC DOES NOT WORK THROUGH PAYROLL DEPARTMANTS TO WITHDRAW MONEY FROM EMPLOYEE BANK ACCOUNTS FOR INSURANCE PREMIUMS IT IS ONLY PROCESSED BY PAYROLL DEDUCTION, AGENTS HAVE NO ACCESS TO BANKING INFO, IF A CLIENT CHOOSES TO HAVE PREMIUMS BANK DEDUCTED THEY NEED TO NO LONGER BE EMPLOYEEED AT THE PREVIOUS COMPANY AND THEN FILL OUT THE REQUEST ONLINE FOR CONTINUING COVERAGE.

I WANT AN OPPERTUNITY TO PLEAD MY CASE WHY I FEEL REVOKING MY LISENCE WAS NOT NESSICARY IN THIS CASE AND THAT I WOULD BE WILLING TO ACCEPT ANY OTHER, FOR LACK OF A BETTER WORD, PUNISHMENT, THAT I DO DESERVE FOR WHAT I DID, I AM A CHANGED MAN AND I WANT A CHANCE TO PROVE IT.

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

MICHAEL MURPHY

Name (please print or type)

Date

INSURANCE AGENT

Title

Authorized Representative:

Signature

Name (please print or type)

Date

Title

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In The Matter of

MICHAEL LEE MURPHY,

Licensee.

ORDER NO. 17-0314

WAOIC NO. 825148
NPN 7126569

ORDER REVOKING LICENSE

To: Michael L. Murphy
1035 S McMillan Ct
Greenacres, WA 99016
murphmik@hotmail.com
mike.murphy@coloniallife.com

IT IS ORDERED AND YOU ARE HEREBY NOTIFIED that your Washington State insurance producer license is **REVOKED**, effective **October 5, 2017**, pursuant to RCW 48.17.530.

BASIS:

1. Michael Lee Murphy ("the Licensee") is a Washington resident insurance producer, WAOIC No. 825148, first licensed in Washington on March 4, 2016.

2. On May 18, 2016, an insurer notified the Insurance Commissioner that the Licensee's appointment as a licensed representative had been terminated for cause following the insurer's investigation, which found that the Licensee had submitted policies with forged signatures involving Washington consumers.

3. The Insurance Commissioner's Investigations Unit ("Investigations") interviewed each of the Washington consumers identified in the insurer's referral. Four (4) of the consumers stated that the signatures on their applications were not theirs, nor did they authorize the Licensee to submit the applications. Two (2) Washington consumers noticed that the insurer was automatically withdrawing money from their account to pay monthly premium payments on the forged policies.

4. One (1) Washington consumer had a policy that he wanted to renew. The consumer said he did not know the policy was issued to an incorrect variant of the consumer's name until he

ORDER REVOKING LICENSE
ORDER NO. 17-0314

1

State of Washington
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

LA - 1379618 - 1

was notified by the insurer's investigators three (3) months later. He said that during those three (3) months, he had no insurance because the Licensee put the wrong name on the application and signed it himself without the consumer's review.

5. One (1) Washington consumer said the Licensee called to verify that he had a health plan. The consumer said he told the Licensee that he had coverage and did not need a new plan. However, the Licensee submitted the insurance application without the consumer's knowledge or permission.

6. The Licensee collected \$2,078.34 in total commissions from the eight policies submitted with forged signatures.

7. In a recorded phone interview, the Licensee confessed to forging the signatures of the four (4) Washington consumers. The Licensee said the consumers had completed a questionnaire and he used it to tell the consumers' payroll department that they authorized auto banking for payment of premium. The Licensee told Investigations that his family had some unexpected medical problems and he needed the commissions to pay bills.

8. RCW 48.17.530(1)(b) allows the Insurance Commissioner to place on probation, suspend, revoke, or refuse to issue or renew an adjuster's license, an insurance producer's license, a title insurance agent's license, or any surplus line broker's license, or to levy a civil penalty in accordance with RCW 48.17.560 for violating any insurance laws, or violating any rule, subpoena, or order of the Insurance Commissioner or of another state's insurance commissioner.

9. RCW 48.17.530(1)(e) allows the Insurance Commissioner to place on probation, suspend, revoke, or refuse to issue or renew an adjuster's license, an insurance producer's license, a title insurance agent's license, or any surplus line broker's license, or to levy a civil penalty in accordance with RCW 48.17.560 for intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance.

10. RCW 48.17.530(1)(h) allows the Insurance Commissioner to place on probation, suspend, revoke, or refuse to issue or renew an adjuster's license, an insurance producer's license, a title insurance agent's license, or any surplus line broker's license, or to levy a civil penalty in accordance with RCW 48.17.560 for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in this state or elsewhere.

11. RCW 48.17.530(1)(j) allows the Insurance Commissioner to place on probation, suspend, revoke, or refuse to issue or renew an adjuster's license, an insurance producer's license, a title insurance agent's license, or any surplus line broker's license, or to levy a civil penalty in accordance with RCW 48.17.560 for forging another's name to an application for insurance or to any document related to an insurance transaction.

12. RCW 48.30.210 allows the Insurance Commissioner to revoke the license of any person who knowingly makes a false or misleading statement or impersonation, or who willfully fails to reveal a material fact, in or relative to an application for insurance to an insurer and that person is guilty of a gross misdemeanor.

13. By forging the signatures of four (4) Washington consumers on policies he submitted to the insurer without the consumers' consent, submitting a policy for a consumer, who the Licensee knew had coverage and did not need a new plan, without the consumer's knowledge or permission, submitting a policy to the insurer under an incorrect name and without review by the consumer, resulting in the loss of insurance to that consumer for three (3) months, and by contacting two (2) consumers' payroll departments to set up electronic premium payments from their bank accounts on policies submitted with forged signatures and without the consumer's authorization, the Licensee violated RCW 48.17.530(1)(j), RCW 48.17.530(1)(b), RCW 48.17.530(1)(h), RCW 48.17.530(1)(e) and RCW 48.30.210, justifying the revocation of his license.

ENTERED at Tumwater, Washington, this 20th day of September, 2017.



MIKE KREIDLER
Insurance Commissioner

By and through his designee



DARRYL E. COLMAN
Insurance Enforcement Specialist
Legal Affairs Division

ORDER REVOKING LICENSE
ORDER NO. 17-0314

3

LA - 1379618 - 1

State of Washington
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NOTICE OF YOUR RIGHT TO A HEARING

If you are aggrieved by this Order Revoking License, you may demand a hearing in accordance with RCW 48.04.010, WAC 284-02-070, and WAC 10-08-110. Generally a hearing demand must be in writing and received within ninety (90) days after the date of this Order Revoking License, which is the day it was mailed to you, or you will waive your right to a hearing.

If the Insurance Commissioner receives your demand for a hearing before the effective date listed on the order revoking your license, the revocation will be automatically stayed (postponed) and your license will remain in effect pending the hearing.

You may fill out a demand for hearing form online at the following location:
www.insurance.wa.gov/laws-rules/administrative-hearings/how-to-file/

Alternatively, if you choose to file by mail, your demand for hearing must briefly state how you are harmed by this decision and why you disagree with it, along with contact information (phone number, mailing address, e-mail address, etc.) for yourself and any representative that appears on your behalf. The demand may be sent to the following address:

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You will be notified of the time and place of your hearing. If you have questions about filing a demand for hearing or the hearing process, please telephone the Hearings Unit at (360) 725-7002, or send an email to HearingsU@oic.wa.gov.

CERTIFICATE OF MAILING

The undersigned certifies under the penalty of perjury under the laws of the state of Washington that I am now and at all times herein mentioned, a citizen of the United States, a resident of the state of Washington, over the age of eighteen years, not a party to or interested in the above-entitled action, and competent to be a witness herein.

On the date given below I caused to be served the foregoing Order Revoking License on the following individual by email and by depositing in the U.S. mail via state Consolidated Mail Service with proper postage affixed:

Michael L. Murphy
1035 S McMillan Ct
Greenacres, WA 99016
murphmik@hotmail.com
mike.murphy@coloniallife.com

Dated this 20th day of September, 2017, in Tumwater, Washington.



JOSH PACE
Legal Assistant
Legal Affairs Division