



State of Washington  
Office of the Insurance Commissioner  
Hearings Unit  
PO Box 40255  
Olympia WA 98504-0255  
5000 Capitol Boulevard  
Tumwater, WA 98501  
(360) 726-7002 FAX (360) 664-2782  
HearingsU@oic.wa.gov

## Demand for Hearing

**FILED**

2016 JAN 22 A 8:43

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.

HEARINGS UNIT  
OFFICE OF  
INSURANCE COMMISSIONER

### 1 Requesting Party (required information)

Name/Business Name Cynthia B Anderson		OIC Case/Order No. 18-0006
Street Address 11620 N Galahad Drive		City, State, Zip Spokane, WA 99218
Telephone Number 509-499-4116	Fax Number	
Contact Person Rodney Anderson	Telephone Number 509-499-4116	Email Address espn54@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	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.

I want a hearing on this. I am disputing the facts and conclusions of law about this finding.

I also need time to find and consult an attorney on this matter.

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.

I want a hearing on this. I am disputing the facts and conclusions of law about this finding.

**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:**

Cynthia B Anderson

Signature

Cynthia B. Anderson

Name (please print or type)

01-22-2018

Date

Insurance Producer/Agent

Title

**Authorized Representative:**

Signature

Date

Name (please print or type)

Title

STATE OF WASHINGTON  
OFFICE OF THE INSURANCE COMMISSIONER

*In The Matter of*

CYNTHIA BEVERLY ANDERSON,

Licensee.

ORDER NO. 18-0006

WAOIC NO. 854103  
NPN 17206023

ORDER REVOKING LICENSE

To: Cynthia Beverly Anderson  
11620 N Galahad Dr.  
Spokane, WA 99218  
califgirl86@yahoo.com

**IT IS ORDERED AND YOU ARE HEREBY NOTIFIED** that your Washington State insurance producer license is **REVOKED**, effective **January 26, 2018**, pursuant to RCW 48.17.530.

**BASIS:**

1. Cynthia Beverly Anderson ("the Licensee") is a Washington resident insurance producer, licensed in Washington on March 3, 2014.
2. Rodney S. Anderson ("Mr. Anderson") is a Washington resident insurance producer, WAOIC No. 229440, licensed in Washington on August 2, 2004.
3. The Licensee and Mr. Anderson are married and have a business website titled "Anderson Insurance Agency." Anderson Insurance Agency is not licensed as a Washington State producer, nor does it hold a Washington State business license.
4. On May 3, 2017, the Insurance Commissioner received Americo Financial Life and Annuity Insurance Company's ("Americo") notice of termination of Mr. Anderson's appointment. Americo terminated Mr. Anderson's appointment after it identified twenty-two (22) applications for life insurance with incorrect addresses.

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5. On August 1, 2017, the Insurance Commissioner received notice from Americo that it had also terminated the Licensee's appointment because she had completed portions of the insurance applications for Mr. Anderson, which violated Americo policy, as well as due to her involvement with Mr. Anderson.

6. Mr. Anderson reported to both Americo and the Insurance Commissioner that he only filled out a portion of the application and his "staff" filled out the rest, which included inaccurate addresses. He later clarified that his "staff" was his wife, Mrs. Anderson. Mrs. Anderson confirmed this information. The Licensee said she used "lead sheets" to obtain the applicant's phone number and address. She explained the "lead sheet" is a spreadsheet with a potential client's contact information. The Licensee said their office only kept the lead sheets for a year, so she no longer has any of them in her possession. She explained she accidentally pulled random addresses off an online mapping program and entered them onto the applications. Both Mr. Anderson and the Licensee deny they intentionally falsified the applications.

7. During the Insurance Commissioner's investigation, one (1) additional consumer was identified. Of the twenty-three (23) affected consumers, Mr. Anderson wrote twenty-two (22) Idaho policies for Washington State residents according to Americo's investigation. The Insurance Commissioner's investigator sent letters to and called all twenty-three (23) consumers, but was only able to reach fourteen (14) of them. All fourteen (14) consumers confirmed that the address and signature location on their applications were incorrect.

8. Mr. Anderson used the same two (2) Post Falls, Idaho addresses associated with two (2) different trailer parks in eight (8) applications. One (1) Post Falls, Idaho address was used in four (4) applications and the other four (4) applications were listed at the other Post Falls, Idaho address. These eight (8) consumers are not related to each other, live in separate locations, and are not members of the same family. One (1) application contained an address belonging to a Montana property owned by Mr. Anderson and the Licensee, and one (1) application contained an applicant's incorrect date of birth.

9. Mr. Anderson received a total of fifteen thousand five hundred ninety-seven dollars and eighty-two cents (\$15,597.82) in commissions for the sale of these policies.

10. After verifying that nine (9) of these consumer applications contained incorrect addresses and signature locations, Americo rescinded and refunded premiums for these nine (9) consumers. Americo was unable to reach the rest of the consumers and said their policies will

remain in force and will be paid out according to the terms of the contract if they are outside of the contestability period. Some of the policies were lapsed or canceled by the consumer, and will remain as such.

11. RCW 48.17.063(4)(a) If the Insurance Commissioner has cause to believe that any person has violated the provisions of RCW 48.17.060, the Insurance Commissioner may:

(i) Issue and enforce a cease and desist order in accordance with the provisions of RCW 48.02.080;

(ii) Suspend or revoke a license; and/or

(iii) Assess a civil penalty of not more than twenty-five thousand dollars for each violation, after providing notice and an opportunity for a hearing in accordance with chapters 34.05 and 48.04 RCW.

12. 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 for violating any insurance laws, or violating any rule, subpoena, or order of the Insurance Commissioner or of another state's insurance commissioner.

13. RCW 48.17.530(1)(g) 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 for having admitted or been found to have committed any insurance unfair trade practice or fraud.

14. 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 for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in this state or elsewhere.

15. RCW 48.30.010(1) states that no person engaged in the business of insurance shall engage in unfair methods of competition or in unfair or deceptive acts or practices in the conduct of such business as such methods, acts, or practices are defined pursuant to subsection (2) of this section.

16. RCW 48.30.210 states a 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, is guilty of a gross misdemeanor, and the license of any such person may be revoked.

17. By inputting the incorrect address on insurance applications, listing an incorrect date of birth on an applicant's application, and misrepresenting the address of the insured, the Licensee violated RCW 48.17.530(1)(b), RCW 48.17.530(1)(g), RCW 48.17.530(1)(h), RCW 48.30.010(1), and RCW 48.30.210, justifying the revocation of her license under RCW 48.17.063.

ENTERED at Tumwater, Washington, this 11<sup>th</sup> day of January, 2018.



MIKE KREIDLER  
Insurance Commissioner

By and through his designee



ROSS VALORE  
Insurance Enforcement Specialist  
Legal Affairs Division

## 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:  
<https://www.insurance.wa.gov/how-file-demand-hearing>

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:

Hearings Unit  
Office of the Insurance Commissioner  
PO Box 40255  
Olympia, WA 98504-0255

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](mailto: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:

Cynthia Beverly Anderson  
11620 N Galahad Dr.  
Spokane, WA 99218  
califgirl86@yahoo.com

Dated this 11<sup>th</sup> day of January, 2018, in Tumwater, Washington.

  
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JOSH PACE  
Legal Assistant  
Legal Affairs Division