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STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

In the Matter of:

ASA ASSURANCE, INC,

Appellants.

Docket Nos. 19-0453

NOTICE OF HEARING

This Notice of Hearing is issued under RCW 48.04.010 and RCW 34.05.434, and follows a Prehearing Conference held by telephone on September 30, 2019 at 2:30 p.m. Caryn Jorgensen, Raymond Weber, and Claire Taylor of Stokes Lawrence appeared on behalf of ASA Assurance Inc. ("Appellant"). Ellen Range and Ross Valore, Insurance Enforcement Specialists at the Office of the Insurance Commissioner ("OIC") appeared via telephone on behalf of the Insurance Commissioner.

The parties agreed to the dates and deadlines in the case schedule below.

I. HEARING DATE AND CASE SCHEDULE

A hearing has been scheduled in this matter for:

Date: July 13-17, 2020, and July 20-24, 2020, as needed.
Time: 9:00 AM, Pacific Standard Time
Location: 5000 Capitol Blvd., Tumwater, WA, 98501
Presiding Officer: Julia Eisentrout

You must attend the hearing. If you cannot attend your hearing, please call the Hearings Unit at the Office of the Insurance Commissioner at 360-725-7002 or e-mail HearingsU@oic.wa.gov to request a continuance. **A party who fails to attend or participate in a hearing or other stage of this proceeding may be held in default, and the case may be dismissed.**

Hearing procedures are governed by RCW 48.04, RCW 34.05, WAC 10-08, and WAC 284-02-070, and relevant case law.

Case Schedule:

Final Day for Discovery (if needed)	FEBRUARY 14, 2020
Final day for filing and serving dispositive motion(s) (motions to dismiss or summary judgment)	APRIL 17, 2020
Final day for filing and serving responses to any dispositive motion(s)	MAY 1, 2020
Final day for filing and serving final replies to any dispositive motion(s)	MAY 15, 2020
Final day for Presiding Officer to issue decision on dispositive motion(s)	JUNE 5, 2020
Final day for filing and serving witness lists exhibit lists, and marked exhibits	JUNE 19, 2020
Final day for filing and serving pre-hearing briefs (<i>optional</i>) and any non-dispositive motions	JULY 2, 2020
Hearing Date	JULY 13-17, 2020 9:00 A.M. JULY 20-24, 2020 9:00 AM (as needed)

II. PURPOSE OF HEARING

The Appellant contested the threatened action and the subsequent Order Imposing Fine and Unpaid Premium Tax, Interest & Penalties No. 19-0453 issued by the Legal Department of the OIC after the Appellant filed its demand for hearing.

The issues for the hearing are as follows:

1. Whether ASA acted as an insurer and has been transacting insurance in Washington State without authorization from OIC as required?
2. If so, what is the appropriate fine amount?
3. If proven to be an unauthorized insurer, what amount of premium taxes, interest and penalty is owed pursuant to statute?

This statement of issues does not preclude ASA Assurance from raising any of the arguments outlined in their Demand for Hearing.

III. PARTIES

All parties to the hearing and their representatives are listed below.

Appellant:

ASA Assurance, Inc./Alaska Air Group, Inc.
Attn: David Beyer
19300 International Blvd.
SeaTac, WA 98188
David.Beyer@AlaskaAir.com

Counsel for Appellant:

Caryn Jorgensen
Raymond Weber
Stokes Lawrence
1420 5th Avenue, Suite 3000
Caryn.Jorgensen@stokeslaw.com
Ray.Weber@stokeslaw.com

Agency:

Ellen Range, Insurance Enforcement Specialist, Legal Affairs Division
Ross Valore, Insurance Enforcement Specialist, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255
EllenR@oic.wa.gov
RossV@oic.wa.gov

IV. FILING REQUIREMENTS

1. General Requirements

All case related documents and correspondence shall be clearly labeled with the case name and docket number, and shall be addressed to the Hearings Unit, Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255; HearingsU@oic.wa.gov. The parties agreed to filing and service via email.

Any documents filed with the Hearings Unit should have copies served on all parties. For filing electronically with the Hearings Unit, please e-mail the document(s) via .PDF attachments (if size allows). Please state in email any request for a conformed with a file stamp mark on it.

2. Exhibits

Exhibits should be filed electronically if the parties are able. Please contact HearingsU@oic.wa.gov to learn how to do so. All exhibits should have a cover sheet for each exhibit and should be accompanied by an exhibit list that identifies each exhibit's document(s), document date(s) and number of pages.

Please leave room in the bottom right hand corner for exhibits to be marked by the Hearings Unit. Before filing, parties shall remove personal identifiable information from all exhibits to be marked for admission at hearing, unless the information is relevant to the case. Personal identifiable information includes, but is not limited to, social security numbers, financial account numbers, and driver license numbers.

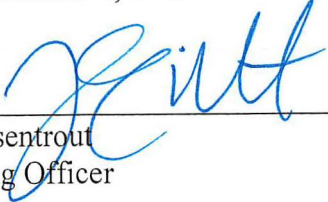
3. Witness Lists

If parties intend to have witnesses testify, then a witness list must be filed by the due date in the case schedule. Each witness list will include: (a) the expected order in which witnesses will testify; (b) a brief description of the testimony expected from each witness; (c) an estimate of the amount of time needed for each witness' testimony, and (d) if the witness is appearing telephonically or in-person. Special permission of the Presiding Officer will be required for the testimony of any witness not on the witness list. Any party intending to testify should list himself/herself/themselves on his/her/their own witness list. If a witness requires accommodation as outlined below, and/or requires an interpreter, please contact the Hearings Unit by June 26, 2019, so that arrangements can be made.

V. ACCOMODATION

Pursuant to WAC 284-02-070(1)(c), accommodation will be made for persons needing assistance due to a disability, or difficulty with language. Further, pursuant to WAC 10-08-040(2) and in accordance with RCW Chapter 2.42, 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, except as may be provided by RCW Chapter 2.42 and/or RCW 2.43. A Request for Accommodation form, with instructions, is attached to this Notice.

Dated: October 1, 2019



Julia Eisentrout
Presiding Officer

CERTIFICATE OF SERVICE

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.

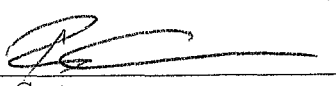
On the date given below I caused to be filed and served the foregoing Notice of Hearing on the following people at their addresses listed below:

ASA Assurance, Inc.
Attn: David Beyer
David.Beyer@AlaskaAir.com

Caryn Jorgensen
Raymond Weber
Stokes Lawrence
Caryn.Jorgensen@stokeslaw.com
Ray.Weber@stokeslaw.com

Ellen Range, Insurance Enforcement Specialist, Legal Affairs Division
Ross Valore, Insurance Enforcement Specialist, Legal Affairs Division
Office of the Insurance Commissioner
EllenR@oic.wa.gov
RossV@oic.wa.gov

Dated this 1st day of October, 2019, in Tumwater, Washington.



Rebekah Carter
Paralegal
Hearings Unit

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

To request an interpreter, complete and send this form to:

Hearings Unit
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255
HearingsU@oic.wa.gov

REQUEST FOR ACCOMMODATION FOR LANGUAGE OR DISABILITY

I am a party in Matter No. 19-0453 before the Insurance Commissioner.

I request accommodation for the following disability (insert your disability):

I request an interpreter for myself or a witness who will be testifying at the evidentiary hearing.

Please check the statements that apply:

I am a non-English-speaking person and 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 accommodation for your disability, an interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____
Address: _____
Telephone: _____