



**CONCLUSIONS OF LAW**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

1. The conduct alleged in the Notice constitutes grounds for the Director to suspend, revoke or refuse to renew Respondent's license to transact insurance in Arizona, pursuant to A.R.S. §20-295(A).

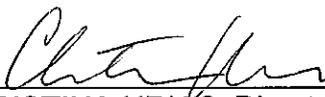
**ORDER**

IT IS ORDERED:

1. The insurance license held by Respondent is revoked effective upon the issuance of this Order.

2. The hearing set for November 17, 2010, at 8:00 a.m. shall be vacated.

DATED this 3rd day of November, 2010.

  
\_\_\_\_\_  
CHRISTINA URIAS, Director  
Arizona Department of Insurance

COPY of the foregoing mailed this 4th day of November, 2010 to:

Lewis Kowal, Administrative Law Judge  
Office of Administrative Hearings  
1400 West Washington, Suite 101  
Phoenix, Arizona 85007

Steven Fromholtz, Licensing Supervisor  
Mary Butterfield, Assistant Director  
Catherine O'Neil, Legal Affairs  
Mary Kosinski, Executive Assistant for Regulatory Affairs  
Arizona Department of Insurance  
2910 North 44th Street, Suite 210  
Phoenix, Arizona 85018

...  
...  
...

1 Thomas Patrick McKinnon  
11084 S. Obispo Drive  
2 Goodyear, Arizona 85338  
Respondent

3  
4   
Curvey Burton

5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26



1 A clear and accurate record of the proceedings will be made either by a court reporter  
2 or by electronic means. A.R.S. §41-1092.07(E). If you want a copy of an electronic recording,  
3 you must contact the Office of Administrative Hearings at (602) 542-9826. If the hearing was  
4 transcribed by a court reporter and you want a copy of the transcript, you must pay the cost of  
the transcript to the court reporter or other transcriber

5 If you have questions concerning this Notice of Hearing please direct them to Mary  
6 Kosinski, Arizona Department of Insurance, (602) 364-3471, 2910 North 44<sup>th</sup> Street, Suite 210,  
7 Phoenix, Arizona 85018.

### 8 **NOTICE OF APPLICABLE RULES**

9 On January 23, 1992, we adopted the rules of practice and procedure applicable in  
10 contested cases before the Director of Insurance. The hearing will be conducted pursuant to  
these rules. A.A.C. R20-6-101 through R20-6-115.

11 YOU MUST FILE A WRITTEN RESPONSE (ANSWER) TO THE ALLEGATIONS IN  
12 THIS NOTICE WITH US WITHIN **20** DAYS AFTER WE ISSUE THIS NOTICE. A.A.C.  
13 R20-6-106. YOUR RESPONSE SHOULD STATE YOUR POSITION OR DEFENSE AND  
14 SHOULD SPECIFICALLY ADMIT OR DENY EACH ASSERTION IN THE NOTICE. IF YOU  
15 DO NOT SPECIFICALLY DENY AN ASSERTION, WE WILL CONSIDER IT ADMITTED. ANY  
DEFENSE YOU DO NOT RAISE WILL BE CONSIDERED WAIVED.

16 IF YOU DO NOT FILE YOUR RESPONSE ON TIME, WE WILL CONSIDER YOU IN  
17 DEFAULT AND THE DIRECTOR MAY DEEM THE ALLEGATIONS IN THE NOTICE AS  
18 TRUE. ACCORDINGLY, WE WILL TAKE WHATEVER ACTION IS APPROPRIATE  
INCLUDING SUSPENSION, REVOCATION, IMPOSITION OF A CIVIL PENALTY AND  
19 ORDERING RESTITUTION TO ANY INJURED PERSON.

### 20 **PERSONS WITH DISABILITIES**

21 PERSONS WITH DISABILITIES MAY REQUEST REASONABLE  
22 ACCOMMODATIONS SUCH AS INTERPRETERS, ALTERNATIVE FORMATS, OR  
23 ASSISTANCE WITH PHYSICAL ACCESSIBILITY. REQUESTS FOR ACCOMMODATIONS  
SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME TO ARRANGE THE  
ACCOMMODATIONS. IF YOU REQUIRE ACCOMMODATIONS, PLEASE CONTACT THE

1 OFFICE OF ADMINISTRATIVE HEARINGS AT (602) 542-9826.

2 The allegations supporting this Notice of Hearing are as follows:

3 1. Thomas Patrick McKinnon ("Respondent") is, and was at all material times  
4 licensed as a resident accident/health, life and variable life/variable annuities producer,  
5 Arizona license number 944122 which expires June 30, 2012.

6 2. Respondent's mailing, business and residence addresses of record with the  
7 Department are: 11084 S. Obispo Dr., Goodyear, Arizona 85338 (business, mailing and  
8 residence).

9 3. On or about May 18 2009, the Department issued to Respondent an insurance  
10 license as a resident accident/health and life producer, Arizona license number 944122. On or  
11 about June 2, 2009, the Department issued to Respondent an additional line of authority as a  
12 variable life/variable annuities producer.

13 4. On September 2, 2009, the Department notified Respondent by mail at his  
14 business/ mailing/ residence address of record that his fingerprint card had been processed and  
15 returned by the Arizona Department of Public Safety (DPS) as illegible. The Department  
16 requested a replacement set of fingerprints along with a completed "Illegible Fingerprint  
17 Replacement Form" on or before October 2, 2009.

18 5. On November 25, 2009, the Department notified Respondent a second time by  
19 mail at his business/ mailing/ residence address of record that it was about to initiate an  
20 administrative action against his license for failure to comply with the fingerprint requirement.  
21 The Department requested a response by December 31, 2009.

22 6. To date, Respondent has not submitted a full set of fingerprints to the  
23 Department.

### VIOLATIONS

7. Respondent's conduct as described above constitutes the violation of the  
requirement that an applicant submit a full set of fingerprints to the Department within the  
meaning of A.R.S. § 20-285(F)(2).

8. Respondent's conduct as described above constitutes providing incomplete  
information in the license application within the meaning of A.R.S. § 20-295(A)(1).



1 COPIES of the foregoing mailed/delivered  
this 14th day of September, 2010, to:

2 Thomas Patrick McKinnon  
3 11084 S. Obispo Drive  
4 Goodyear, Arizona 85338  
Respondent

5 Mary E. Kosinski, Exec. Assistant for Regulatory Affairs  
6 Mary Butterfield, Assistant Director  
7 Catherine M. O'Neil, Consumer Legal Affairs Officer  
8 Steven Fromholtz, Licensing Supervisor  
Department of Insurance  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018

9 Lewis Kowal, Administrative Law Judge  
10 Office of Administrative Hearings  
1400 West Washington, Suite 101  
Phoenix, Arizona 885007

11   
12 Curvey Walters Burton

13  
14  
15  
16  
17  
18  
19 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



22 7008 0150 0002 7596 1544  
23