

MAY 23 2014

DEPT OF INSURANCE
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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

No. 13A-063-INS

LA INSURANCE AGENCY AZ42, LLC
(Arizona License #1010157)

**PROPOSED FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

Respondent.

On April 17, 2014, the Arizona Department of Insurance ("Department") issued a Notice of Hearing ("Notice") in the above-captioned matter, a copy of which is attached as Exhibit A and incorporated by this reference. The Notice required **LA INSURANCE AGENCY AZ42, LLC** ("LA Insurance" or "Respondent") to provide a written answer to the allegations set forth in the Notice within twenty days of the issuance of the Notice. As of this date, Respondent has failed to file an answer. On May 15, 2014, counsel for the Department filed a Request for Default and Proposed Findings of Fact, Conclusions of Law and Order. As of this date, Respondent has not responded to the Department's request. Pursuant to A.A.C.R20-6-106(D), a party that fails to file an answer within the time provided shall be deemed to be in default and one or more of the allegations in the Notice of Hearing may be deemed to be admitted.

FINDINGS OF FACT

1. Notice was proper.
2. Respondent is in default.
3. The allegations in the Notice are deemed admitted.

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CONCLUSIONS OF LAW

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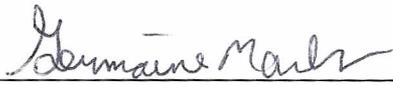
1. The conduct alleged in the Notice constitutes grounds for the Director to suspend, revoke or refuse to renew Respondent's license to transact insurance in Arizona, pursuant to A.R.S. §20-295(A).

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 **May 27, 2014**, at **1:00 p.m.** shall be vacated.

DATED this 23rd day of May, 2014.



GERMAINE MARKS, Director
Arizona Department of Insurance

COPY of the foregoing electronically filed this 23rd day of May, 2014 to:

Sondra Vanella, Administrative Law Judge
Office of Administrative Hearings

COPY of the foregoing delivered same date to:

Darren Ellingson, Deputy Director
Mary Kosinski, Executive Assistant for Regulatory Affairs
Catherine M. O'Neil, Consumer Legal Affairs Officer
Steven Fromholtz, Licensing Supervisor
Shelby L. Cuevas, Deputy Receiver
Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018

///

1 **COPY** of the foregoing emailed same date to:

2 Liane Kido
3 Liane.Kido@azag.gov and Teresa.Carranza@azag.gov
4 Attorney for the Arizona Department of Insurance

4 **COPY** mailed same date to:

5 LA Insurance Agency AZ42, LLC
6 4105 N. 51st Avenue, #153
7 Phoenix, Arizona 85031
8 Respondent

8 Anistus Hikmute Kiminaia
9 c/o LA Insurance Agency AZ42, LLC
10 P.O. Box 11326
11 Phoenix, Arizona 85061
12 Real Party in Interest

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12 Curvey Walters
13 3816774

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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
5 the transcript to the court reporter or other transcriber.

6 Questions concerning issues raised in this Notice of Hearing should be directed to
7 Assistant Attorney General Liane C. Kido, telephone number (602) 542-8011, 1275 West
8 Washington Street, Phoenix, Arizona 85007-2926,

9 NOTICE OF APPLICABLE RULES

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

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

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

24 PERSONS WITH DISABILITIES

PERSONS WITH DISABILITIES MAY REQUEST REASONABLE
ACCOMMODATIONS SUCH AS INTERPRETERS, ALTERNATIVE FORMATS, OR
ASSISTANCE WITH PHYSICAL ACCESSIBILITY. REQUESTS FOR ACCOMMODATIONS
SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME TO ARRANGE THE

1 ACCOMMODATIONS. IF YOU REQUIRE ACCOMMODATIONS, PLEASE CONTACT THE
2 OFFICE OF ADMINISTRATIVE HEARINGS AT (602) 542-9826.

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

4 1. LA Insurance Agency AZ42, LLC ("Respondent") is, and was at all material times
5 licensed as a resident property and casualty producer, Arizona license number 1010157,
6 which expires January 31, 2016.

7 2. Respondent's mailing and business addresses of record with the Department
8 are: (mailing) P.O. Box 11326, Phoenix, Arizona 85061 and (business) 4105 N. 51st Avenue,
9 #153, Phoenix, Arizona 85031.

10 3. On or about January 4, 2012, the Department issued to Respondent an
11 insurance license as a business entity, Arizona license number 1010157.

12 4. On July 26, 2012, the Department notified Respondent by mail at its mailing
13 address of record that Anistas Kiminaia's fingerprint card had been processed and returned by
14 the Arizona Department of Public Safety (DPS) as illegible¹. The Department requested a
15 replacement set of fingerprints along with a completed "Illegible Fingerprint Replacement
16 Form" on or before August 25, 2012. Respondent did not reply to the Department's request.

17 5. On December 24, 2012, the Department notified Respondent a second time by
18 mail at its business address of record that it was about to initiate an administrative action
19 against its license for Anistas Kiminaia's failure to comply with the fingerprint requirement. The
20 Department requested a response by January 31, 2013.

21 6. To date, Respondent has not submitted a full set of fingerprints for Anistas
22 Kiminaia to the Department.

23 ¹ The application of a business entity shall also include the names of all members, officers and
24 directors of the business entity. For any individual who is identified pursuant to this subsection
... , the Director may require the applicant to provide the information required for a license as
an individual. A.R.S. § 20-285(D).

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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(D) and (E)(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).

9. Respondent's conduct as described above constitutes the violation of any provision of A.R.S. Title 20 or any rule, subpoena or order of the director within the meaning of A.R.S. § 20-295(A)(2).

10. Grounds exist for the Director to suspend, revoke, or refuse to renew Respondent's insurance license, impose a civil penalty and/or order restitution pursuant to A.R.S. §§ 20-295(B) and (F).

WHEREFORE, if after hearing, the Director finds the grounds alleged above, the Director may deny, suspend, or revoke Respondent's insurance producer's license and impose a civil penalty. A.R.S. § 20-295(B) and (F).

The Director delegates the authority vested in her to the Director of the Office of Administrative Hearings or his designee to preside over the hearing of this matter as the Administrative Law Judge, to make written recommendations to the Director consisting of proposed findings of fact, proposed conclusions of law, and a proposed order. This delegation does not include delegation of the authority of the Director to make an order on the hearing or any other final decision in this matter. A.R.S. § 20-150.

Pursuant to A.R.S. § 41-1092.01, your hearing will be conducted through the Office of Administrative Hearings, an independent agency. Further hearing information may be found at the Office of Administrative Hearings website:

DATED this 16th day of April, 2014.



Darren Ellingson, Deputy Director
Arizona Department of Insurance

1 COPY of the foregoing delivered this
2 17th day of April, 2014 to:

3 Darren Ellingson, Deputy Director
4 Mary Kosinski, Executive Assistant for Regulatory Affairs
5 Steve Fromholtz, Licensing Supervisor
6 Arizona Department of Insurance
7 2910 North 44th Street, Suite 210
8 Phoenix, Arizona 85018

9 COPY mailed same date by Regular Mail
10 and Certified Mail, Return Receipt Requested, to:

11 LA Insurance Agency AZ42, LLC
12 4105 N. 51st Avenue, #153
13 Phoenix, Arizona 85031
14 Respondent

15 LA Insurance Agency AZ42, LLC
16 P.O. Box 11326
17 Phoenix, Arizona 85061
18 Respondent

19 Anistus Hikmute Kiminaia
20 c/o LA Insurance Agency AZ42, LLC
21 4105 N. 51st Avenue, #153
22 Phoenix, Arizona 85031
23 Real Party in Interest

24 Anistus Hikmute Kiminaia
c/o LA Insurance Agency AZ42, LLC
P.O. box 11326
Phoenix, Arizona 85061
Real Party in Interest

LA Insurance Agency AZ42, LLC
c/o Anistas Kiminaia
6414 W. Irma Ln.
Glendale, Arizona 85308
Statutory Agent for Respondent

22 E-FILE of the foregoing delivered electronically
23 this 17th day of April, 2014, to:

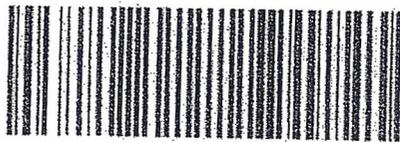
24 ALJ Sondra Vanella
Office of Administrative Hearings

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COPY sent same date via electronic mail to:

Liane Kido
Assistant Attorney General
and
Attorney for the Department of Insurance

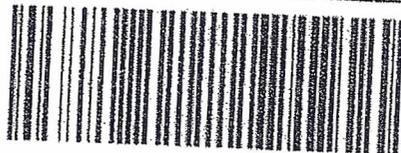
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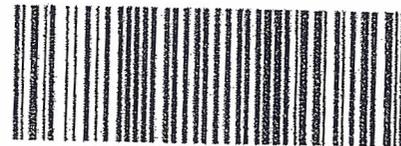
7008 3230 0000 0153 1924



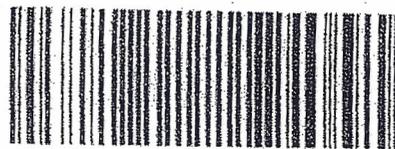
7008 3230 0000 0153 1931



7008 3230 0000 0153 1948



7008 3230 0000 0153 1955



7008 3230 0000 0153 1962

PHOENIX
UNITED STATES POSTAL SERVICE
AZ 85

18 APR '14

PM 4:1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

State Department of Insurance
Suite 210
2910 North 44th Street
Phoenix, AZ 85018-7256

RECEIVED
APR 22 2014
AZ DEPT. OF INSURANCE
ADMINISTRATIVE SERVICES

Re: LA Insurance Agency AZ42, LLC
Docket No. 13A-063-INS

Attn: Mary Kosinski

8728960

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <i>Mary Kosinski</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: LA Insurance Agency AZ42, LLC 4105 N. 51 st Avenue, No. 153 Phoenix, AZ 85031	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7008 3230 0000 0153 1924	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

STATE'S
EXHIBIT

A

UNITED STATES POSTAL SERVICE

AZ 852

18 APR '14

PM 11 1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

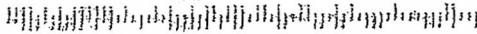
* Sender: Please print your name, address, and ZIP+4 in this box *

State Department of Insurance
Suite 210
2910 North 44th Street
Phoenix, AZ 85018-7256

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<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Aristus Hikmute Kiminaia c/o LA Insurance Agency AZ42, LLC 4105 N. 51st Avenue, No. 153 Phoenix, AZ 85031</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 3230 0000 0153 1948</p>