

STATE OF ARIZONA
FILED

MAY 22 2014

DEPT OF INSURANCE
BY

STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

NIEMSYK, GREG DOUGLAS
(Arizona License #1036852)
(National Producer # 16859248)

Respondent.

No. 13A-150-INS

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

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 **Greg Douglas Niemtsyk** ("Niemtsyk" 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

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

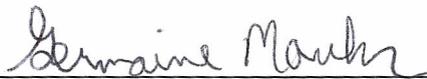
5 **ORDER**

6 IT IS ORDERED:

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

9 2. The hearing set for **May 27, 2014**, at **1:00 p.m.** shall be vacated.

10 DATED this 22nd day of May, 2014.

11
12 
13 _____
14 GERMAINE MARKS, Director
15 Arizona Department of Insurance

16 **COPY** of the foregoing electronically filed this
17 22nd day of May, 2014 to:

18 Sondra Vanella, Administrative Law Judge
19 Office of Administrative Hearings

20 **COPY** of the foregoing delivered same date to:

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

COPY of the foregoing emailed same date to:

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

4 **COPY** mailed same date to:

5 Greg D. Niemysk
6 3447 E. Glenn Street
7 Tucson, Arizona 85716
8 Respondent

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10 Curvey Walters
11 3815318
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STATE OF ARIZONA
FILED

APR 17 2014

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY

In the Matter of the Insurance License
of:

NIEMSYK, GREG DOUGLAS
(Arizona License #1036852)
(National Producer # 16859248)

Respondent.

Docket No. 13A-150-INS

NOTICE OF HEARING

(Administrative Law Judge Sondra Vanella)

PLEASE TAKE NOTICE that the above-captioned matter will be heard before the Director of Insurance of the State of Arizona (the "Director") or her duly designated representative on May 27, 2014, at 9:00 a.m., at the Office of Administrative Hearings, 1400 West Washington, Suite 101, Phoenix, Arizona 85007¹.

If you wish to continue this hearing to another date, you must file a motion in writing with the Office of Administrative Hearings not less than 15 days before the scheduled hearing date. Please send it to the attention of the Administrative Law Judge ("ALJ") and include the docket number listed above. You must also mail or hand-deliver a copy of any motion to continue to the Department of Insurance on the same date you file it with the Office of Administrative Hearings.

You are not required to have an attorney represent you. However, if you are represented, your attorney must be licensed to practice law in the State of Arizona. An insurance company may be represented by a corporate officer. A.R.S. § 20-161(B).

You are entitled to be present during the giving of all evidence and you will have a reasonable opportunity to inspect all documentary evidence, examine witnesses, present evidence that supports your case and to request that the ALJ issue subpoenas to compel the attendance of witnesses and production of evidence. A.R.S. § 20-164(B).

¹As authorized under Arizona Revised Statutes ("A.R.S.") §§ 20-161 through and including 20-165 and Title 41, Chapter 6, Article 10 (A.R.S. § 41-1092 *et seq.*).

STATE'S
EXHIBIT

A

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. Greg Douglas Niemysyk ("Respondent") is, and was at all material times licensed
5 as a resident personal lines (P&C) producer, Arizona license number 1036852, which expires
6 April 30, 2016.

7 2. Respondent's mailing, business, and residence addresses of record with the
8 Department are: 3447 E. Glenn Street, Tucson, Arizona 85716-2248.

9 3. On or about January 2, 2013, the Department issued to Respondent an
10 insurance license as a resident personal lines (P&C) producer, Arizona license number
11 1036852.

12 4. On April 24, 2013, the Department notified Respondent by mail at his address of
13 record that his fingerprint card had been processed and returned by the Arizona Department of
14 Public Safety (DPS) as illegible. The Department requested a replacement set of fingerprints
15 along with a completed "Illegible Fingerprint Replacement Form" on or before May 22, 2013.
16 The Respondent did not reply to the Department's request.

17 5. On August 14, 2013, the Department notified Respondent a second time by mail
18 at his address of record that it was about to initiate an administrative action against his license
19 for failure to comply with the fingerprint requirement. The Department requested a response
20 by August 30, 2013.

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

23 VIOLATIONS

24 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(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).

1 **COPY** mailed same date by Regular Mail
and Certified Mail, Return Receipt Requested, to:

2
3 Greg D. Niemysk
3447 E. Glenn Street
Tucson, Arizona 85716
4 Respondent

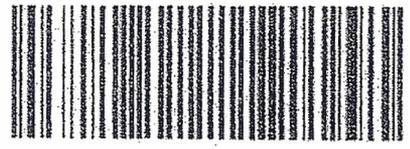
5 **E-FILE** of the foregoing delivered electronically
this 17th day of April, 2014, to:

6
7 ALJ Sondra Vanella
Office of Administrative Hearings

8 **COPY** sent same date via electronic mail to:

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

11
12 
Curvey Walters
13 3783167



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19 7008 3230 0000 0153 1832

UNITED STATES POSTAL SERVICE

24 APR 14



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

Re: Greg D. Niemczyk
Docket No. 13A-150-INS

3018726960 Attn: Mary Kosinski

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Greg D. Niemczyk 3447 East Glenn Street Tucson, AZ 85716</p>	<p>B. Received by (Printed Name) C. Date of Delivery Greg D. Niemczyk 4/24/14</p>
<p>2. Article Number (Transfer from service label)</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>7008 3230 0000 0153 1832</p>	

