

SEP 21 2016

DEPARTMENT OF INSURANCE
BY MEK

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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

JONES, ANGENA
(Arizona License # 1119016),
(National Producer # 17681610),

Respondent.

No. 16A-055-INS

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

On August 8, 2016, 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 Angena Jones ("Jones" 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 September 7, 2016, counsel for the Department filed a Request for Default and Proposed Findings of Fact, Conclusions of Law and Order, a copy of which is attached as Exhibit B. 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. 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).

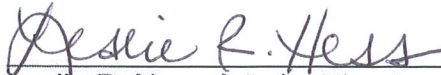
ORDER

IT IS ORDERED:

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

2. The hearing set for **September 27, 2016 at 1:00 p.m.** shall be vacated.

DATED this 20th day of September, 2016.



Leslie R. Hess, Interim Director
Arizona Department of Insurance

COPY of the foregoing electronically filed this 21st day of September, 2016 to:

Kay Abramsohn, Administrative Law Judge
Office of Administrative Hearings

COPY of the foregoing delivered same date to:

Mary Kosinski, Executive Assistant for Regulatory Affairs
Steven Fromholtz, Assistant Director, Consumer Protection Division
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018

COPY of the foregoing emailed same date to:

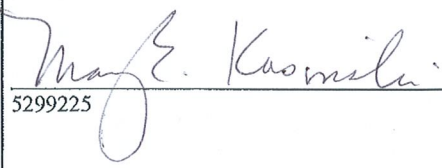
Liane Kido
Liane.Kido@azag.gov and Teresa.Carranza@azag.gov
Attorney for the Arizona Department of Insurance

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COPY mailed same date to:

Angena Jones
c/o Humana Inc.
2231 E. Camelback Rd.
Phoenix, AZ 85016
Respondent

Angena Jones
6201 W. Olive Ave., Apt. 1133
Glendale, AZ 85302
Respondent


5299225

STATE OF ARIZONA
FILED

STATE OF ARIZONA

AUG 8 2016

DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY MS

In the Matter of:

Docket No. 16A-055-INS

Jones, Angena
(Arizona License # 1119016),
(National Producer # 17681610),

NOTICE OF HEARING

(ALJ Kay Abramsohn)

Respondent.

PLEASE TAKE NOTICE that the above-captioned matter will be heard before the Interim Director of Insurance of the State of Arizona (the "Interim Director") or her duly designated representative on **September 27, 2016 at 1:00 p.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.*).



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, Liane.Kido@azag.gov.

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. Angena Jones, ("Respondent") is and was at all material times licensed as a
5 resident accident/health insurance producer, Arizona license number 1119016, which expires
6 April 30, 2019.

7 2. Respondent's addresses of record with the Department are: c/o Humana Inc.,
8 2231 E. Camelback Rd., Phoenix, AZ 85016 (business and mailing).

9 3. On or about August 11, 2015, the Department issued to Respondent a license as
10 a resident accident/health insurance producer, Arizona license number 1119016.

11 4. On November 10, 2015, the Department notified Respondent by mail at her
12 address of record that her fingerprint card had been processed and returned by the Arizona
13 Department of Public Safety (DPS) as illegible. The Department requested a replacement set
14 of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before
15 December 9, 2015. Respondent did not reply to the Department's request.

16 5. On February 4, 2016, the Department notified Respondent a second time by mail
17 at her address of record that her fingerprints had been returned by DPS as illegible and that
18 the Department was about to initiate an administrative action against her license for failure to
19 comply with the fingerprint requirement. The Department requested a response by March 4,
20 2016.

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 Mary Kosinski, Executive Assistant for Regulatory Affairs
Steven Fromholtz, Asst. Director, Consumer Protection Division
2 Aqueelah Currie, Administrative Assistant
Arizona Department of Insurance
3 2910 North 44th Street, Suite 210
Phoenix, Arizona 85018

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

6 Angena Jones
c/o Humana Inc.
7 2231 E. Camelback Rd.
Phoenix, AZ 85016
8 Respondent

9 Angena Jones
6201 W. Olive Ave., Apt. 1133
10 Glendale, AZ 85302
Respondent

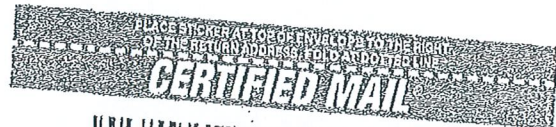
11 **COPY** sent same date via electronic mail to:

12 Liane Kido
Assistant Attorney General
13 Liane.Kido@azag.gov and Teresa.Carranza@azag.gov
14 Attorney for the Department of Insurance

15
16 *Maidene Scheiner*
Maidene Scheiner
5202373



7014 3490 0001 8000 6887



7014 3490 0001 8000 6894

1 MARK BRNOVICH
Attorney General
2 Firm Bar No. 14000

3 Liane Kido
State Bar No. 023696
4 Assistant Attorney General
Consumer Protection & Advocacy Section
5 1275 West Washington Street
Phoenix, Arizona 85007-2926
6 Telephone: (602) 542-8011
Facsimile: (602) 542-4377
7 E-mail: Liane.Kido@azag.gov
8 Attorneys for the Arizona Department of Insurance

9 STATE OF ARIZONA
10 DEPARTMENT OF INSURANCE

11 In the Matter of:

No. 16A-055-INS

12 **JONES, ANGENA**
13 (Arizona License # 1119016),
(National Producer # 17681610),

**REQUEST FOR DEFAULT AND
PROPOSED FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

14
15 Respondent.

16
17 The Arizona Department of Insurance ("Department"), by and through undersigned
18 counsel, hereby requests that the Findings of Fact and Conclusions of Law set forth in the
19 Notice of Hearing and incorporated herein by reference be entered in this matter, deeming
20 Angena Jones ("Jones" or "Respondent"), in default, deeming the allegations set forth in
21 the Notice as true, and ordering that Respondent's insurance license be revoked.

22 On August 8, 2016, a Notice of Hearing ("Notice") was filed in this matter and served
23 upon Jones at her address of record via certified mail pursuant to A.R.S. § 41-1092.04. On
24 August 30, 2016, the Department received the certified mail return receipt, No. 7014 3490
25 0001 8000 6894, showing that the Notice had been delivered and accepted at Jones'



1 business address of record: c/o Humana Inc., 2231 E. Camelback Rd., Phoenix, AZ
2 85016. A copy of the certified mail receipt is attached to this request as **Exhibit A**.

3 Respondent had twenty (20) days from the date of issuance of the Notice to file a
4 written answer to the allegations contained therein pursuant to Arizona Administrative Code
5 ("A.A.C") R20-6-106. As of the date of this Request, Respondent has not filed an answer
6 nor has she appeared through counsel. Rule 20-6-106(D) of the Arizona Administrative
7 Code provides that if an answer is not timely filed, the Respondent shall be deemed in
8 default and the Director may deem the allegations set forth in the Notice of Hearing as true
9 and take whatever action is appropriate including revoking the license.

10 The allegations supporting the Notice of Hearing are as follows:

11 1. Angena Jones, ("Respondent") is and was at all material times licensed as a
12 resident accident/health insurance producer, Arizona license number 1119016, which
13 expires April 30, 2019.

14 2. Respondent's addresses of record with the Department are: c/o Humana Inc.,
2231 E. Camelback Rd., Phoenix, AZ 85016 (business and mailing).

15 3. On or about August 11, 2015, the Department issued to Respondent a license
16 as a resident accident/health insurance producer, Arizona license number 1119016.


17 4. On November 10, 2015, the Department notified Respondent by mail at her
18 address of record that her fingerprint card had been processed and returned by the Arizona
19 Department of Public Safety (DPS) as illegible. The Department requested a replacement
20 set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or
21 before December 9, 2015. Respondent did not reply to the Department's request.

22 5. On February 4, 2016, the Department notified Respondent a second time by
23 mail at her address of record that her fingerprints had been returned by DPS as illegible
24 and that the Department was about to initiate an administrative action against her license
25 for failure to comply with the fingerprint requirement. The Department requested a
26 response by March 4, 2016.

1 To date, Respondent has not submitted a full set of fingerprints to the Department.
2 Based upon the foregoing, the Department respectfully requests that the allegations
3 set forth in the August 8, 2016 Notice of Hearing be deemed admitted and that
4 Respondent's insurance license be revoked.

5 RESPECTFULLY SUBMITTED this 7th day of September, 2016.

6 MARK BRNOVICH, Attorney General

7
8 By 
9 Liane Kido, Assistant Attorney General
10 Consumer Protection & Advocacy Section
11 Attorneys for the Arizona Department of Insurance

12 **COPY** of the foregoing electronically filed this
13 7th day of September, 2016 to:

14 Mary Kosinski, Executive Assistant for Regulatory Affairs
15 Steven Fromholtz, Assistant Director, Consumer Protection Division
16 Arizona Department of Insurance

17 **COPY** mailed same date to:

18 Angena Jones
19 c/o Humana Inc.
20 2231 E. Camelback Rd.
21 Phoenix, AZ 85016
22 Respondent

23 Angena Jones
24 6201 W. Olive Ave., Apt. 1133
25 Glendale, AZ 85302
26 Respondent

27 
28 5299084

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. 	A. Signature <input checked="" type="checkbox"/> <i>David Herbert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>David Herbert</i>	C. Date of Delivery
Angena Jones c/o Humana Inc. 2231 E. Camelback Rd. Phoenix, AZ 85016	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 3490 0001 8000 6894	
3. Service type	<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

UNITED STATES POSTAL SERVICE
AZ 852
10 AUG 16

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

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

RECEIVED
AUG 12 2016

Arizona Dept. of Insurance
STATE OF ARIZONA
RECEIVED 2910 N. 44th St., Suite 210
Phoenix, AZ 85018
AZ DEPT. OF INSURANCE
ADMINISTRATIVE SERVICES

AUG 30 2016

DEPT. OF INSURANCE
BY: *M. Rosenthal*

Docket #16A-055

