

OCT 27 2016

STATE OF ARIZONA
DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY ms

In the Matter of:

PARMETER, MATTHEW RYAN,
(Arizona License Number 1132018)
(National Producer Number 17784251)

Respondent.

No. 16A-059-INS

NOTICE OF ERRATA

On September 21, 2016, the Department filed Findings of Fact, Conclusions of Law and Order In the Matter of Parmeter, Matthew Ryan, Docket No. 16A-059-INS ("the Order") (attached). The Order erroneously recited Respondent's Arizona License Number as 1118113 when Respondent's correct Arizona License Number is 1132018. In addition, the Order erroneously recited Respondent's National Producer Number ("NPN") as 17673315 when Respondent's correct NPN is 17784251.

DATED AND EFFECTIVE this 26th day of October, 2016.



Mary E. Kosinski
Regulatory Legal Affairs Officer

COPY of the foregoing mailed
this 27th day of October 2016, to:

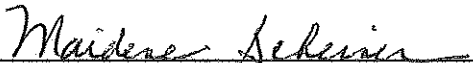
Matthew Ryan Parmeter
OPES Financial Solutions
4742 N. 24th St., Ste 300
Phoenix, AZ 85016
Respondent

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Mary E. Kosinski, Regulatory Legal Affairs Officer
Steven Fromholtz, Assistant Director – Consumer Protection Division
Arizona Department of Insurance
2910 N. 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



Maidene Scheiner

SEP 21 2016

DEPARTMENT OF INSURANCE
BY MSK

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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

PARMETER, MATTHEW RYAN
(Arizona License # 1118113),
(National Producer # 17673315),

Respondent.

No. 16A-059-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 Matthew Ryan Parmeter ("Parmeter" 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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COPY mailed same date to:

**Matthew Ryan Parmeter
c/o OPES Financial Solutions
4742 N. 24th St., Suite 300
Phoenix, AZ 85016
Respondent**

**Matthew Ryan Parmeter
14529 N. 87th Ave.
Peoria, AZ 85381
Respondent**

Ma E. Kosmala
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STATE OF ARIZONA
FILED

AUG 8 2016

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY MS

In the Matter of:

Parmeter, Matthew Ryan
(Arizona License # 1132018),
(National Producer # 17784251),

Respondent.

Docket No. 16A-059-INS

NOTICE OF HEARING

(ALJ Kay Abramsohn)

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. Matthew Ryan Parmeter, ("Respondent") is and was at all material times licensed
5 as a resident life insurance producer, Arizona license number 1132018, which expires
6 February 28, 2019.

7 2. Respondent's addresses of record with the Department are: c/o OPES Financial
8 Solutions, 4742 N. 24th St., Ste. 300, Phoenix, AZ 85016 (business and mailing).

9 3. On or about November 20, 2015, the Department issued to Respondent a license
10 as a resident life insurance producer, Arizona license number 1132018.

11 4. On December 31, 2015, the Department notified Respondent by mail at his
12 address of record that his 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 January 29, 2016. 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 his address of record that his fingerprints had been returned by DPS as illegible and that the
18 Department was about to initiate an administrative action against his 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 9. Respondent's conduct as described above constitutes the violation of any
2 provision of A.R.S. Title 20 or any rule, subpoena or order of the director within the meaning of
3 A.R.S. § 20-295(A)(2).

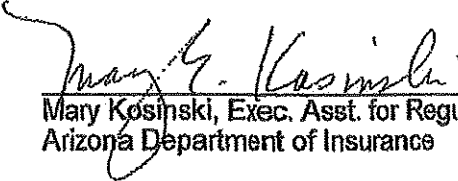
4 10. Grounds exist for the Interim Director to suspend, revoke, or refuse to renew
5 Respondent's insurance license, impose a civil penalty and/or order restitution pursuant to
6 A.R.S. §§ 20-295(A) and (F).

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

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

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

19 DATED this 4th day of August, 2016.

20 
21 Mary Kosinski, Exec. Asst. for Regulatory Affairs
22 Arizona Department of Insurance

23 E-FILE of the foregoing delivered electronically
24 this 8th day of August, 2016, to:

ALJ Kay Abramsohn
Office of Administrative Hearings

COPY of the foregoing delivered this
8th day of August, 2016 to:

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

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

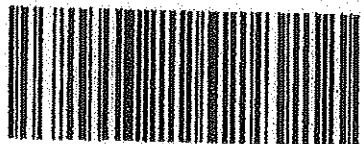
Matthew Ryan Parmeter
c/o OPES Financial Solutions
4742 N. 24th St., Suite 300
Phoenix, AZ 85016
Respondent

Matthew Ryan Parmeter
14529 N. 87th Ave.
Peoria, AZ 85381
Respondent

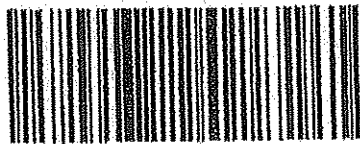
COPY sent same date via electronic mail to:

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

Maidene Scheiner
Maidene Scheiner
5203306



7014 3490 0001 8000 6924



7014 3490 0001 8000 6917

1 MARK BRNOVICH
2 Attorney General
2 Firm Bar No. 14000

3 Liane Kido
3 State Bar No. 023696
4 Assistant Attorney General
4 Consumer Protection & Advocacy Section
5 1275 West Washington Street
5 Phoenix, Arizona 85007-2926
6 Telephone: (602) 542-8011
6 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-059-INS

12 **PARMETER, MATTHEW RYAN**
13 (Arizona License # 1132018),
14 (National Producer # 17784251),

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

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 Matthew Ryan Parmeter ("Parmeter" or "Respondent"), in default, deeming the allegations
21 set forth in the Notice as true, and ordering that Respondent's insurance license be
22 revoked.

23 On August 8, 2016, a Notice of Hearing ("Notice") was filed in this matter and served
24 upon Parmeter at his address of record via certified mail pursuant to A.R.S. § 41-1092.04.

25 On August 30, 2016, the Department received the certified mail return receipt, No. 7014

26



1 3490 0001 8000 6924, showing that the Notice had been delivered and accepted at
2 Parmeter's business address of record: c/o OPES Financial Solutions, 4742 N. 24th St.,
3 Suite 300, Phoenix, AZ 85016. A copy of the certified mail receipt is attached to this
4 request as **Exhibit A**.

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

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

13 1. Matthew Ryan Parmeter, ("Respondent") is and was at all material times
14 licensed as a resident life insurance producer, Arizona license number 1132018, which
15 expires February 28, 2019.

16 2. Respondent's addresses of record with the Department are: c/o OPES
17 Financial Solutions, 4742 N. 24th St., Ste. 300, Phoenix, AZ 85016 (business and mailing).

18 3. On or about November 20, 2015, the Department issued to Respondent a
19 license as a resident life insurance producer, Arizona license number 1132018.

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21 address of record that his fingerprint card had been processed and returned by the Arizona
22 Department of Public Safety (DPS) as illegible. The Department requested a replacement
23 set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or
24 before January 29, 2016. Respondent did not reply to the Department's request.

25 5. On February 4, 2016, the Department notified Respondent a second time by
26 mail at his address of record that his fingerprints had been returned by DPS as illegible and
that the Department was about to initiate an administrative action against his license for

1 failure to comply with the fingerprint requirement. The Department requested a response
2 by March 4, 2016.

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

5 Based upon the foregoing, the Department respectfully requests that the allegations
6 set forth in the August 8, 2016 Notice of Hearing be deemed admitted and that
7 Respondent's insurance license be revoked.

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

9 MARK BRNOVICH, Attorney General

10 By 

11 Liane Kido, Assistant Attorney General
12 Consumer Protection & Advocacy Section
13 Attorneys for the Arizona Department of Insurance

14 COPY of the foregoing electronically filed this
15 7th day of September, 2016 to:

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

19 COPY mailed same date to:

20 Matthew Ryan Parmeter
21 c/o OPES Financial Solutions
22 4742 N. 24th St., Suite 300
23 Phoenix, AZ 85016
24 Respondent

25 Matthew Ryan Parmeter
26 14529 N. 87th Ave.
Peoria, AZ 85381
Respondent


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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete return address complete <input type="checkbox"/> Return to Postmaster Delivery Address <input type="checkbox"/> Print your name and address in the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p> <input type="checkbox"/> Return to Sender <input type="checkbox"/> Return to Addressee <input type="checkbox"/> Return to Postmaster </p>	
<p>1. Article addressed to:</p>		<p> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail (Signature Required) <input type="checkbox"/> Registered Mail (Signature Required - Restricted Delivery) </p>	
<p>Matthew Ryan Parameter c/o OPE9 Financial Solutions 4742 N. 24th St., Suite 300 Phoenix, AZ 85016</p>		<p> <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail (Signature Required) <input type="checkbox"/> Registered Mail (Signature Required - Restricted Delivery) </p>	
<p>2. Article Number <small>(Number from service label)</small></p>		<p>7034 3490 0001 0000 6724</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

United States Postal Service

AZ 852

11 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®

STATE OF ARIZONA RECEIVED

Arizona Dept. of Insurance
 2910 N. 44th St., Suite 210
 Phoenix, AZ 85018

AUG 30 2016

DEPT. OF INSURANCE

BY: _____

M. Ramirez
 District # 14A-059

