STATE OF ARIZONA FILED

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STATE OF ARIZONA

DEPARTMENT OF INSURANCE

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BY	7	al S		., , ,

In the Matter of:)
) No. 16A-094-INS
JOHNSON, JAMIE LEA,)
(Arizona License # 1140654)	Ś
(National Producer # 17781426)	CONSENT ORDER
(National Froduction 17701420)) OONOLINI ONDLIN
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Respondent.)
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The State of Arizona Department of Insurance ("Department") has received evidence that **JAMIE LEA JOHNSON** has violated provisions of Title 20, Arizona Revised Statutes ("A.R.S."). Respondent wishes to resolve this matter without the commencement of formal proceedings, and admits the following Findings of Fact are true and consents to entry of the following Conclusions of Law and Order.

FINDINGS OF FACT

- 1. Jamie Lea Johnson, ("Respondent") is and was at all material times licensed as a resident property, casualty, life and accident/health insurance producer, Arizona license number 1140654, which expires January 31, 2020.
- 2. Respondent's addresses of record with the Department are: 14861 N. Scottsdale Rd., Suite 115, Scottsdale, AZ 85254 (business) and 2318 E. Sunland Ave., Phoenix, AZ 85040 (mailing).
- 3. On or about March 4, 2016, the Department issued to Respondent a license as a resident property, casualty, life and accident/health insurance producer, Arizona license number 1140654.

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- 4. On May 6, 2016, the Department notified Respondent by mail at her address of record that her fingerprint card had been processed and returned by the Arizona Department of Public Safety (DPS) as illegible. The Department requested a replacement set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before June 6, 2016. Respondent did not reply to the Department's request.
- 5. On June 10, 2016, the Department notified Respondent a second time by mail at her address of record that her fingerprints had been returned by DPS as illegible and that the Department was about to initiate an administrative action against her license for failure to comply with the fingerprint requirement. The Department requested a response by June 30, 2016.
- To date, Respondent has not submitted a full set of fingerprints to the
 Department.

CONCLUSIONS OF LAW

- 1. The Director has jurisdiction over this matter.
- 2. 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).
- 3. 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).
- 4. 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).

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1	5.	Grounds exist for the Director to suspend, revoke, or refuse to renew		
2	Respondent	's insurance license, impose a civil penalty and/or order restitution pursuant to		
3	A.R.S. §§ 20	0-295(A) and (F).		
4		ORDER		
5	IT IS HEREI	BY ORDERED THAT:		
6	1.	Respondent shall immediately submit her fingerprints and an Illegible Fingerprin		
7	Replacemer	nt Form to the Department.		
8	2.	Respondent shall pay a civil penalty of one hundred dollars (\$100.00) to the		
9	Department,	due upon the submission of this Consent Order.		
10	3.	The hearing, Docket #16A-094-INS, scheduled for November 3, 2016, at 1:00		
11	p.m. is vaca	ted.		
12	DATED AND EFFECTIVE this 14 th day of November, 2016.			
13				
14		Deslie C. Hess		
15	William Control of the Control of th	LESLIE R. HESS Interim Director of Insurance		
16	name of the second	interim biroster of modration		
17		CONSENT TO ORDER		
18	1.	Respondent has reviewed the foregoing Findings of Fact, Conclusions of Law		
19	and Order.			
20	2.	Respondent admits to the jurisdiction of the Director of Insurance, State of		
21	Arizona, and	d admits the foregoing Findings of Fact and consents to the entry of the foregoing		
22	Conclusions of Law and Order.			
23	3.	Respondent is aware of her right to notice and a hearing at which she may be		

represented by counsel, present evidence and examine witnesses. Respondent irrevocably

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Arizona Department of Insurance 2910 North 44th Street, Suite 210

Phoenix, Arizona 85018

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1	COPIES of the foregoing delivered electronically,
2	same date, to:
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5	Assistant Attorney General Attorney for the Department
6	mail
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