

1 CONCLUSIONS OF LAW

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).

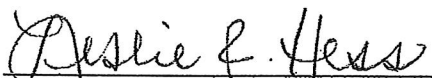
5 ORDER

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 **June 29, 2017 at 1:00 p.m.** shall be vacated.

10 DATED this 27th day of June, 2017.

11
12 
13 _____
14 Leslie R. Hess, Interim Director
15 Arizona Department of Insurance

16 **COPY** of the foregoing electronically filed this
17 28th day of June, 2017 to:

18 Velva Moses-Thompson, Administrative Law Judge
19 Office of Administrative Hearings

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

21 Mary Kosinski, Regulatory Legal Affairs Officer
22 Steven Fromholtz, Assistant Director, Consumer Protection Division
23 Aqueelah Currie, Licensing Manager
24 Arizona Department of Insurance
25 2910 North 44th Street, Suite 210
26 Phoenix, Arizona 85018

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

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

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COPY mailed same date to:

Rachel Gari Carroll
4811 E. Thistle Landing Drive
Phoenix, AZ 85044
Respondent

Rachel Gari Carroll
1400 Union Meeting Road, Ste. 202
Blue Bell, PA 19422
Respondent

Rachel Gari Carroll
RACHELCARROLL1497@GMAIL.COM
Respondent

Maidens Schmitt
6016900

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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

Carroll, Rachel Gari
(Legacy License ID # 1158644),
(National Producer # 18107754),

Respondent.

Docket No. 17A-027-INS

NOTICE OF HEARING

(ALJ Velva Moses-Thompson)

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 June 29, 2017 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. Rachel Gari Carroll ("Respondent") is and was at all material times licensed as a
5 resident insurance producer with a line of authority in accident and health or sickness, National
6 Producer Number 18107754, which expires October 31, 2019.

7 2. Respondent's addresses of record with the Department are: 4811 E. Thistle
8 Landing Drive, Phoenix, AZ 85044 (business) and 1400 Union Meeting Road, Suite 202, Blue
9 Bell, PA 19422 (mailing). Respondent's business e-mail address is:
10 RACHELCARROLL1497@GMAIL.COM.

11 3. On or about September 13, 2016, the Department issued to Respondent a
12 license as an insurance producer, National Producer Number 18107754.

13 4. On December 6, 2016, the Department notified Respondent by mail at her
14 address of record that her fingerprint card had been processed and returned by the Arizona
15 Department of Public Safety (DPS) as illegible. The Department requested a replacement set
16 of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before
17 December 27, 2016. Respondent did not reply to the Department's request.

18 5. On January 6, 2017, the Department notified Respondent a second time by mail
19 at her address of record that her fingerprints had been returned by DPS as illegible and that
20 the Department was about to initiate an administrative action against her license for failure to
21 comply with the fingerprint requirement. The Department requested a response by January
22 27, 2017.

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

21 VIOLATIONS

22 7. Respondent's conduct as described above constitutes the violation of the
23 requirement that an applicant submit a full set of fingerprints to the Department within the
24 meaning of A.R.S. § 20-285(E)(2).

1 8. Respondent's conduct as described above constitutes providing incomplete
2 information in the license application within the meaning of A.R.S. § 20-295(A)(1).

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

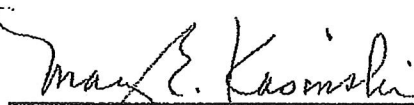
6 10. Grounds exist for the Interim Director to suspend, revoke, or refuse to renew
7 Respondent's insurance license, impose a civil penalty and/or order restitution pursuant to
8 A.R.S. §§ 20-295(A) and (F).

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

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

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

21 DATED this 27th day of May, 2017.

22 

23 Mary Kosinski, Regulatory Legal Affairs Officer
24 Arizona Department of Insurance

25 E-FILE of the foregoing delivered electronically
26 this 29th day of May, 2017, to:

27 ALJ Velva Moses-Thompson
28 Office of Administrative Hearings

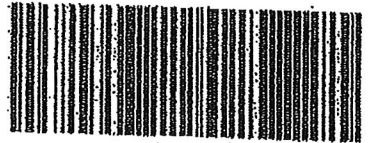
1 COPY of the foregoing delivered this
23rd day of May, 2017 to:

2 Mary Kosinski, Regulatory Legal Affairs Officer
3 Steven Fromholtz, Asst. Director, Consumer Protection Division
4 Aqueelah Currie, Licensing Manager
5 Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018

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

7 Rachel Gari Carroll
8 4811 E. Thistle Landing Drive
9 Phoenix, AZ 85044
Respondent

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7034 3490 0001 8000 4753

12 Rachel Gari Carroll
13 1400 Union Meeting Road, Ste. 202
14 Blue Bell, PA 19422
Respondent

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7014 3490 0001 8000 4746

15 Rachel Gari Carroll
16 RACHELCARROLL1497@GMAIL.COM
Respondent

17 COPY sent same date via electronic mail to:

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

20
21 *Maidene Scheiner*
Maidene Scheiner
22 5833861

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



STATE OF ARIZONA
FILED

JUN 15 2017

DEPT OF INSURANCE
BY *ms*

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 1276 West Washington Street
Phoenix, Arizona 85007-2926
6 Telephone: (602) 542-8011
7 Facsimile: (602) 542-4377
E-mail: Liane.Kido@azagov
8 Attorneys for the Arizona Department of Insurance

9 STATE OF ARIZONA
10 DEPARTMENT OF INSURANCE

11 In the Matter of:

No. 17A-027-INS

12 **CARROLL, RACHEL GARI**
13 (Legacy License ID # 1158644),
14 (National Producer # 18107754),

MOTION FOR DEFAULT

15 Respondent.

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

21 On May 23, 2017, a Notice of Hearing ("Notice") was filed in this matter and served
22 upon Rachel Gari Carroll at her address of record via certified mail pursuant to A.R.S. § 41-
23 1092.04. On May 30, 2017, the Department received the certified mail return receipt, No.
24 7014-3490 0001 8000-4748, showing that the Notice had been delivered and accepted at
25 Respondent's mailing address of record: 1400 Union Meeting Rd., Ste. 202, Blue Bell, PA
26



1 91422. A copy of the certified mail receipt is attached to this request as Exhibit A.
2 Respondent had twenty (20) days from the date of issuance of the Notice to file a
3 written answer to the allegations contained therein pursuant to Arizona Administrative Code
4 ("A.A.C.") R20-6-106. As of the date of this Motion, Respondent has not filed an answer nor
5 has she appeared through counsel. Rule 20-6-106(D) of the Arizona Administrative Code
6 provides that if an answer is not timely filed, the Respondent shall be deemed in default
7 and the Director may deem the allegations set forth in the Notice of Hearing as true and
8 take whatever action is appropriate including revoking the license.

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

10 1. Rachel Gari Carroll ("Respondent") is and was at all material times licensed
11 as a resident insurance producer with a line of authority in accident and health or sickness,
12 National Producer Number 18107754, which expires October 31, 2019.

13 2. Respondent's addresses of record with the Department are: 4811 E. Thistle
14 Landing Drive, Phoenix, AZ 85044 (business) and 1400 Union Meeting Road, Suite 202,
15 Blue Bell, PA 19422 (mailing). Respondent's business e-mail address is:
RACHELCARROLL1497@GMAIL.COM.

16 3. On or about September 13, 2016, the Department issued to Respondent a
17 license as an insurance producer, National Producer Number 18107754.

18 4. On December 6, 2016, the Department notified Respondent by mail at her
19 address of record that her fingerprint card had been processed and returned by the Arizona
20 Department of Public Safety (DPS) as illegible. The Department requested a replacement
21 set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or
22 before December 27, 2016. Respondent did not reply to the Department's request.

23 5. On January 6, 2017, the Department notified Respondent a second time by
24 mail at her address of record that her fingerprints had been returned by DPS as illegible
25 and that the Department was about to initiate an administrative action against her license
26

1 for failure to comply with the fingerprint requirement. The Department requested a
2 response by January 27, 2017.

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 May 26, 2017 Notice of Hearing be deemed admitted and that
7 Respondent's insurance license be revoked.

8 RESPECTFULLY SUBMITTED this 14th day of June, 2017.

9 MARK BRNOVICH, Attorney General

10 By /s/ Liane Kido

11 Liane Kido, Assistant Attorney General

12 Agency Counsel Section

13 Attorneys for the Arizona Department of Insurance

14
15 COPY of the foregoing electronically filed this
16 14 day of June, 2017 to:

17 Mary Kosinski, Regulatory Legal Affairs Officer
18 Steven Fromholtz, Assistant Director, Consumer Protection Division
19 Aquelah Currie, Licensing Manager
20 Arizona Department of Insurance

21 COPY mailed same date to:

22 Rachel-Gail Carroll
23 4811 E. Thistle Landing Drive
24 Phoenix, AZ 85044
25 Respondent
26

1 Rachel Gar Carroll
1400 Union Meeting Road, Ste. 202
2 Blue Bell, PA 19422
Respondent

3 Rachel Gar Carroll
4 RACHEL.CARROLL7497@GMAIL.COM
Respondent

5
6 *Rachael Gar Carroll*
6016830

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UNITED STATES POSTAL SERVICE



1st Class Mail
Permit No. 1234
PHOENIX, AZ

Sender: Please print your name, address, and ZIP+4®.

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name): _____ C. Date of Delivery: _____</p>
<p>2. Rachel (Jan) Carroll 1400 Union Meeting Rd., Ste 202 Blue Bell, PA 01422</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. Article Number: (Transfer from service label)</p>	<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>
<p>PS Form 3811, July 2013</p>	<p>7034 3490 0000 0000 4746 Domestic Return Receipt</p>

