

STATE OF ARIZONA  
FILED

JUN 28 2017

STATE OF ARIZONA  
DEPARTMENT OF INSURANCE

DEPT OF INSURANCE  
BY MS

In the Matter of:

No. 17A-049-INS

**ROMERO, ANGELICA**  
(Legacy License ID # 1161319),  
(National Producer # 18139208),

**DEFAULT ORDER**

**Respondent.**

On May 24, 2017, 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 Angelica Romero ("Romero" 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 June 14, 2017, counsel for the Department filed a Motion for Default, 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.

//

//

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).

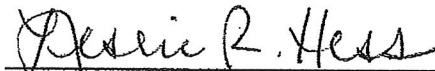
5 ORDER

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 27<sup>th</sup> 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 28<sup>th</sup> 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 44<sup>th</sup> Street, Suite 210  
26 Phoenix, Arizona 85018

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

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

1 **COPY** mailed same date to:

2 Angelica Romero  
3 c/o Yavapai County Community Health Services  
4 1090 Commerce Dr.  
5 Prescott, AZ 86305  
6 Respondent

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

*Maidene Selviner*  
6017045

1 STATE OF ARIZONA  
2 DEPARTMENT OF INSURANCE

3  
4 In the Matter of:

5 **Romero, Angelica**  
6 (Legacy License ID # 1161319),  
(National Producer # 18139208),

7  
8 Respondent.

Docket No. 17A-049-INS

NOTICE OF HEARING

(ALJ Velve Moses-Thompson)

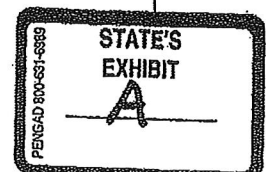
9 PLEASE TAKE NOTICE that the above-captioned matter will be heard before the  
10 Interim Director of Insurance of the State of Arizona (the "Interim Director") or her duly  
11 designated representative on June 29, 2017 at 1:00 p.m., at the Office of Administrative  
12 Hearings, 1400 West Washington, Suite 101, Phoenix, Arizona 85007<sup>1</sup>.

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

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

22 You are entitled to be present during the giving of all evidence and you will have a  
23 reasonable opportunity to inspect all documentary evidence, examine witnesses, present  
24 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).

<sup>1</sup>As 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](mailto: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. Angelica Romero ("Respondent") is and was at all material times licensed as a  
5 resident certified application counselor, National Producer Number 18139208, which expires  
6 February 29, 2020.

7 2. Respondent's addresses of record with the Department are: c/o Yavapai County  
8 Community Health Services, 1090 Commerce Dr., Prescott, AZ 86305 (business and mailing).

9 3. On or about October 4, 2016, the Department issued to Respondent a license as  
10 a certified application counselor, National Producer Number 18139208.

11 4. On January 6, 2017, the Department notified Respondent by mail at her address  
12 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 January 27, 2017. Respondent did not reply to the Department's request.

16 5. On March 6, 2017, the Department notified Respondent a second time by mail at  
17 her address of record that her fingerprints had been returned by DPS as illegible and that the  
18 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 31,  
20 2017.

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 of the foregoing delivered this  
2 24th day of May, 2017 to:

3 Mary Kosinski, Regulatory Legal Affairs Officer  
4 Steven Fromholtz, Asst. Director, Consumer Protection Division  
5 Aqueelah Currie, Licensing Manager  
6 Arizona Department of Insurance  
7 2910 North 44th Street, Suite 210  
8 Phoenix, Arizona 85018

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

11 Angelica Romero  
12 c/o Yavapai County Community Health Services  
13 1090 Commerce Dr.  
14 Prescott, AZ 86305  
15 Respondent

16 COPY sent same date via electronic mail to:

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

21 *Maldene Scheiner*  
22 Maldene Scheiner  
23 5931784



7009 1680 0001 4216 3943



STATE OF ARIZONA  
FILED

JUN 15 2017

DEPT OF INSURANCE  
BY *MS*

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

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

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

11 In the Matter of:

No. 17A-049-INS

12 **ROMERO, ANGELICA**  
13 (Legacy License ID # 1181319)  
14 (National Producer # 18139208)

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 Angelica Romero ("Romero" 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 24, 2017, a Notice of Hearing ("Notice") was filed in this matter and served  
22 upon Angelica Romero at her address of record via certified mail pursuant to A.R.S. § 41-  
23 1002.04. On May 31, 2017, the Department received the certified mail return receipt, No.  
24 7009 1680 0001 4216 3943, showing that the Notice had been delivered and accepted at  
25 Respondent's business and mailing address of record: c/o Yavapai County Community  
26



1 Health Services, 1090 Commerce Dr., Prescott, AZ 86305. A copy of the certified mail  
2 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 Motion, Respondent has not filed an answer nor  
6 has she appeared through counsel. Rule 20-6-106(D) of the Arizona Administrative Code  
7 provides that if an answer is not timely filed, the Respondent shall be deemed in default  
8 and the Director may deem the allegations set forth in the Notice of Hearing as true and  
9 take whatever action is appropriate including revoking the license.

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

11 1. Angelica Romero ("Respondent") is and was at all material times licensed as  
12 a resident certified application counselor, National Producer Number 18139208, which  
13 expires February 29, 2020.

14 2. Respondent's addresses of record with the Department are: c/o Yavapai  
15 County Community Health Services, 1090 Commerce Dr., Prescott, AZ 86305 (business  
and mailing).

16 3. On or about October 4, 2016, the Department issued to Respondent a license  
17 as a certified application counselor, National Producer Number 18139208.

18 4. On January 6, 2017, 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 January 27, 2017. Respondent did not reply to the Department's request.

23 5. On March 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 March 31, 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 24, 2017 Notice of Hearing be deemed admitted and that  
7 Respondent's insurance license be revoked.

8 RESPECTFULLY SUBMITTED this 17<sup>th</sup> day of June, 2017.

9 MARK BRNOVICH, Attorney General

10 By /s/ Liane Kido

11 Liane Kido, Assistant Attorney General  
12 Agency Counsel Section  
Attorneys for the Arizona Department of Insurance

13 COPY of the foregoing electronically filed this  
14 17<sup>th</sup> day of June, 2017 to:

15 Mary Kosinski, Regulatory Legal Affairs Officer  
16 Steven Fromholtz, Assistant Director, Consumer Protection Division  
17 Aqueelah Currie, Licensing Manager  
mkosinski@azinsurance.gov  
Arizona Department of Insurance

18 COPY mailed same date to:

19 Angelica Romero  
20 c/o Yavapai County Community Health Services  
21 1090 Commerce Dr.  
22 Prescott, AZ 86306  
23 Respondent

24  
25 Amanda Carranza  
26 8018891

USPS TRACKING

9590 9402 1835 8104 8383 89

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

United States  
Postal Service

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

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

RECEIVED  
MAY 31 2017

*M. Keach*  
*Arizona Dept. of Insurance*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</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 mail piece or in the front if space permits.</p>	<p>A. Signature <i>M. Keach</i></p> <p>B. Received By (Print Name) <i>M. Keach</i></p> <p>C. Date of Delivery <i>5-24-17</i></p>
<p>1. Article Addressed to:</p> <p>Angelica Romero c/o Yavapai County Community Health Services 1080 Commerce Dr. Prescott, AZ 86305</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1835 8104 8383 89</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2016 PSN 7530-02-000-9004</p>	<p>Delivery Return Receipt</p>

