

STATE OF ARIZONA  
FILED

SEP 5 - 2017

DEPT OF INSURANCE  
BY MS

STATE OF ARIZONA  
DEPARTMENT OF INSURANCE

In the Matter of:

No. 17A-056-INS

**PITCOCK, MICHELLE LYNN**  
(National Producer # 18195201),  
(Legacy AZ License # 1165811),

**DEFAULT ORDER**

**Respondent.**

On July 25, 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 Michelle Lynn Pitcock ("Pitcock" 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 August 23, 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.

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**CONCLUSIONS OF LAW**

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1. The conduct alleged in the Notice constitutes grounds for the Interim 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 7, 2017 at 1:00 p.m.** shall be vacated.

DATED this 1<sup>ST</sup> day of September, 2017.

  
 \_\_\_\_\_  
 Leslie R. Hess, Interim Director  
 Arizona Department of Insurance

**COPY** of the foregoing electronically filed this 5<sup>th</sup> day of August, 2017 to:

Dorinda Lang, Administrative Law Judge  
Office of Administrative Hearings

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

Mary Kosinski, Regulatory Legal Affairs Officer  
 Steven Fromholtz, Assistant Director, Consumer Protection Division  
 Aqueelah Currie, Licensing Manager  
 Sharyn Kerr, Consumer Protection Division  
 Arizona Department of Insurance  
 2910 North 44<sup>th</sup> Street, Suite 210  
 Phoenix, Arizona 85018

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

Liane Kido  
[Liane.Kido@azag.gov](mailto:Liane.Kido@azag.gov)  
 Attorney for the Arizona Department of Insurance

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**COPY** mailed same date to:

Michelle Lynn Pitcock  
SHELLMI1972@HOTMAIL.COM  
Respondent

Michelle Lynn Pitcock  
4254 N. Irving Street  
Kingman, AZ 86409  
Respondent

*Maidera Schunier*  
6158326

1 STATE OF ARIZONA  
2 DEPARTMENT OF INSURANCE  
3

4 In the Matter of:

5 Pitcock, Michelle Lynn  
6 (National Producer # 18195201),  
(Legacy AZ License # 1165811),

7 Respondent.

Docket No. 17A-056-INS

NOTICE OF HEARING

(ALJ Dorinda Lang)

8  
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 September 7, 2017 at 1:00 p.m., at the Office of  
12 Administrative 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. Michelle Lynn Pitcock ("Respondent") is and was at all material times licensed as  
5 a resident insurance producer with a line of authority in accident and health or sickness,  
6 National Producer Number 18195201, which expires May 31, 2020.

7 2. Respondent's addresses of record with the Department are: 4254 N. Irving  
8 Street, Kingman, AZ 86409 (business and mailing). Respondent's business e-mail address is:  
9 SHELLMI1972@HOTMAIL.COM.

10 3. On or about November 10, 2016, the Department issued to Respondent a license  
11 as an insurance producer, National Producer Number 18195201.

12 4. On March 6, 2017, the Department notified Respondent by mail at her address of  
13 record that her fingerprint card had been processed and returned by the Arizona Department  
14 of Public Safety (DPS) as illegible. The Department requested a replacement set of  
15 fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before  
16 March 31, 2017. Respondent did not reply to the Department's request.

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

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

#### 24 VIOLATIONS

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).

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](http://www.azoah.com).

21 DATED this 21<sup>st</sup> day of July, 2017.

22   
23 Mary Kosinski, Regulatory Legal Affairs Officer  
24 Arizona Department of Insurance

25 E-FILE of the foregoing delivered electronically  
26 this 25<sup>th</sup> day of July, 2017, to:

27 ALJ Dorinda Lang  
28 Office of Administrative Hearings

1 COPY of the foregoing delivered this  
2 25<sup>th</sup> day of July, 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 Michelle Lynn Pitcock  
12 SHELLMI1972@HOTMAIL.COM  
13 Respondent

14 Michelle Lynn Pitcock  
15 4254 N. Irving Street  
16 Kingman, AZ 86409  
17 Respondent

18 COPY sent same date via electronic mail to:

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

23 Maidene Scheiner  
24 Maidene Scheiner  
6078473



7009 1680 0001 4216 4049



STATE OF ARIZONA  
FILED

AUG 23 2017

DEPARTMENT OF INSURANCE  
*MR*

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. 17A-056-INS

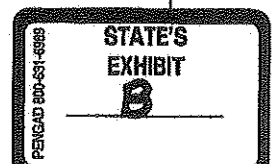
12 PITCOCK, MICHELLE LYNN  
13 (National Producer # 18195201),  
(Legacy AZ License # 1165811),

MOTION FOR DEFAULT

14  
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 Michelle Lynn Pitcock ("Pitcock" or "Respondent"), in default, deeming the allegations set  
20 forth in the Notice as true, and ordering that Respondent's insurance license be revoked.

21 On July 25, 2017, a Notice of Hearing ("Notice") was filed in this matter and served  
22 upon Michelle Lynn Pitcock at her address of record via certified mail pursuant to A.R.S. §  
23 41-1092.04. On July 31, 2017, the Department received the certified mail return receipt,  
24 No. 7009 1680 0001 4216 4049, showing that the Notice had been delivered and accepted  
25 at Respondent's business and mailing addresses of record: 4254 N. Irving Street, Kingman,  
26



1 AZ 86409. 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. Michelle Lynn Pitcock ("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 18195201, which expires May 31, 2020.




13 2. Respondent's addresses of record with the Department are: 4254 N. Irving  
14 Street, Kingman, AZ 86409 (business and mailing). Respondent's business e-mail address  
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16 3. On or about November 10, 2016, the Department issued to Respondent a  
17 license as an insurance producer, National Producer Number 18195201.

18 4. On March 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 March 31, 2017. Respondent did not reply to the Department's request.

23 5. On April 5, 2017, the Department notified Respondent a second time by mail  
24 at her address of record that her fingerprints had been returned by DPS as illegible and that  
25 the Department was about to initiate an administrative action against her license for failure  
26 to comply with the fingerprint requirement. The Department requested a response by April  
27, 2017.



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p><b>B. Complete items 1, 2, and 3.</b></p> <p><b>B. Print your name and address on the reverse so that we can return the card to you.</b></p> <p><b>A. Attach this card to the back of the mailpiece, or on the front if space permits.</b></p>	<p><b>A. Signature</b>  </p> <p><b>B. Recipient's Name (Name)</b>  </p> <p><b>C. Date of Delivery</b>  </p>	
<p><b>1. Article Addressed to:</b></p> <p>Michelle Lynn Pitcock  4264 N. Irving Street  Kingman, AZ. 86409</p>	<p><b>D. Is delivery address different from item 1? If YES, enter delivery address below.</b></p> <p><b>E. Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
<p><b>2. Article Number (Transfer from service label)</b></p> <p>9590 9402 1835 6104 9385 01</p> <p>7007 1680 0001 4216 9044</p>	<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Express</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation<sup>SM</sup></p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery<sup>SM</sup></p>	
<p>PS Form 3811, July 2016 PSN 7530-02-000-9069</p>		

<p>USPS TRACKING<sup>SM</sup> LAS</p> <p>9590 9402 1835 6104 9385 01</p>		<p>First-Class Mail<sup>SM</sup></p> <p>Postage &amp; Fees Paid</p> <p>USPS</p> <p>Permit No. G-10</p>
<p>United States Postal Service</p>	<p>* Sender: Please print your name, address, and ZIP+4<sup>®</sup> in this box*</p>	
<p><b>RECEIVED</b></p> <p>JUL 31 2017</p> <p>AZ DEPT. OF INSURANCE ADMINISTRATIVE SERVICES.</p>	<p>Arizona Dept. of Insurance</p> <p>2910 N. 44th St., Suite 210</p> <p>Phoenix, AZ 85018</p>	
<p>8-726580 <i>M. Koppisch</i></p> <p><i>Order # 17A-05P2115</i></p>		

