

JUL 31 2018

STATE OF ARIZONA
DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY ms

In the Matter of:)

GRAY, KAYLA CHRISTINE
(National Producer Number 18516049)

No. 18A-042-INS

CONSENT ORDER

Respondent)

The State of Arizona Department of Insurance ("Department") has received evidence that **Kayla Christine Gray** has violated provisions of Title 20, Arizona Revised Statutes ("A.R.S."). Respondent wishes to resolve this matter 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. Kayla Christine Gray, ("Respondent") is and was at all material times licensed as a resident insurance producer with a line of authority in life, National Producer Number 18516049, which expires October 31, 2020.

2. Respondent's addresses of record with the Department are: 3500 N. Hayden Road, Apt. 1801, Scottsdale, AZ 85251 (business and mailing). Respondent's business e-mail is: KCGRAY1@COASTAL.EDU.

3. On or about September 15, 2017, the Department issued to Respondent a license as an insurance producer, National Producer Number 18516049.

4. On November 6, 2017, 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 November 30, 2017. Respondent did not reply to the Department's request.

5. On March 2, 2018, 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 March 30, 2018.

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

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent may surrender her insurance producer license, National Producer Number **18516049**.

DATED AND EFFECTIVE this 30th day of July, 2017.



KEITH A. SCHRAAD
Interim Director of Insurance

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CONSENT TO ORDER

1. Respondent has reviewed the foregoing Findings of Fact, Conclusions of Law and Order.
2. Respondent admits to the jurisdiction of the Interim Director of Insurance, State of Arizona, and admits the foregoing Findings of Fact and consents to the entry of the foregoing Conclusions of Law and Order.
3. Respondent states that no promise of any kind or nature whatsoever, except as expressly contained in this Consent Order, was made to her to induce her to enter into this Consent Order and that she has entered into this Consent Order voluntarily.
4. Respondent acknowledges that the acceptance of this Consent Order by the Interim Director is solely to settle this matter against her and does not preclude any other agency, officer, or subdivision of this state including the Department from instituting civil or criminal proceedings as may be appropriate now or in the future not related to this matter.
5. Respondent acknowledges that this Consent Order is an administrative action that the Department will report to the National Association of Insurance Commissioners (NAIC). Respondent further acknowledges that she must report this administrative action to any and all states in which she holds an insurance license and must disclose this administrative action on any license application.

7.25.18
Date

Kayla Christine Gray
Kayla Christine Gray, National Producer #18516049

COPIES of the foregoing emailed and mailed
this 31st day of July, 2018, to:

Kayla Christine Gray
3500 N. Hayden Rd., Apt. 1801
Scottsdale, AZ 85251
Respondent


Kayla Christine Gray
Kcgray1@coastal.edu
Respondent

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

COPIES of the foregoing delivered electronically,
same date to:

Tammy Eigenheer, Administrative Law Judge
Office of Administrative Hearings

Lynette Evans
Assistant Attorney General
Attorney for the Department


Maidene Scheiner

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