

APR 22 2019

DEPT OF INSURANCE  
BY MEK

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

STATE OF ARIZONA  
DEPARTMENT OF INSURANCE

In the Matter of:  
**HOLLING, JOHN B.**  
(National Producer # 7092558),  
**Respondent.**

**No. 18A-097-INS**  
**DEFAULT ORDER**

On March 18, 2019, 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 John B. Holling ("Holling" 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 April 8, 2019, 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).

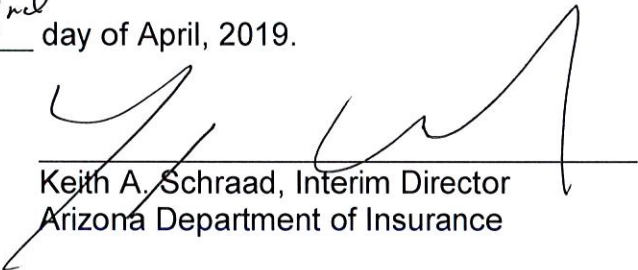
5 **ORDER**

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 **May 6, 2019 at 1:00 p.m.** shall be vacated.

10 DATED this 22<sup>nd</sup> day of April, 2019.

11  
12   
13 \_\_\_\_\_  
14 Keith A. Schraad, Interim Director  
Arizona Department of Insurance

15 **COPY** of the foregoing electronically filed this  
16 22<sup>nd</sup> day of April, 2019 to:

17 Tammy Eigenheer, Administrative Law Judge  
18 Office of Administrative Hearings

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

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

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

John B. Holling  
[John@johnholling.com](mailto:John@johnholling.com)  
[Jbyron07@gmail.com](mailto:Jbyron07@gmail.com)  
Respondent

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

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

**COPY** mailed same date to:

John B. Holling  
1910 E. Cashman Rd.  
Phoenix, AZ 85024  
Respondent

*Francine Martinez*  
7284846

1 STATE OF ARIZONA

2 DEPARTMENT OF INSURANCE

3  
4 In the Matter of:

5 **Holling, John B.**  
6 (National Producer Number 7092558)

7 **Respondent.**

Docket No. 18A-097-INS

NOTICE OF HEARING

(ALJ Tammy Eigenheer)

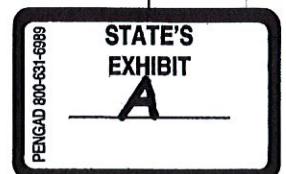
8  
9 PLEASE TAKE NOTICE that the above-captioned matter will be heard before the  
10 Director of Insurance of the State of Arizona (the "Director") or his duly designated  
11 representative on **May 6, 2019 at 1:00 p.m., at the Office of Administrative Hearings, 1740**  
12 **West Adams Street, Lower Level, 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 Grant Pearson, telephone number (602) 542-8326, 2005 N. Central  
8 Ave., Phoenix, Arizona 85004, [Grant.Pearson@azag.gov](mailto:Grant.Pearson@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. John B. Holling ("Respondent") is and was at all material times licensed as a  
5 resident insurance producer with a line of authority in life insurance, National Producer Number  
6 7092558, which expires December 31, 2020.

7 2. Respondent's addresses of record with the Department are: 1910 E. Cashman  
8 Rd., Phoenix, AZ 85024 (business and mailing) and [john@johnholling.com](mailto:john@johnholling.com) (business e-mail).

9 3. On or about October 12, 2017, the Department issued to Respondent a license  
10 as an insurance producer, National Producer Number 7092558.

11 4. On March 16, 2018, the Department notified Respondent by mail at his address  
12 of record that his fingerprint card had been processed and returned by the Arizona Department  
13 of Public Safety (DPS) as illegible. The Department requested a replacement set of  
14 fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before April  
15 6, 2018. Respondent did not reply to the Department's request.

16 5. On April 17, 2018, the Department notified Respondent a second time by mail at  
17 his address of record that his fingerprints had been returned by DPS as illegible and that the  
18 Department was about to initiate an administrative action against his license for failure to  
19 comply with the fingerprint requirement. The Department requested a response by May 4,  
20 2018.

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


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

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

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

16 Pursuant to A.R.S. § 41-1092.01, your hearing will be conducted through the Office of  
17 Administrative Hearings, an independent agency. Further hearing information may be found at  
18 the Office of Administrative Hearings website: [www.azoah.com](http://www.azoah.com).

19 DATED this 16<sup>th</sup> day of March, 2019.

20   
21 Mary Kosinski, Regulatory Legal Affairs Officer  
22 Arizona Department of Insurance

23 **E-FILE** of the foregoing delivered electronically  
24 this 18<sup>th</sup> day of March, 2019, to:

ALJ Tammy Eigenheer  
Office of Administrative Hearings

**COPY** of the foregoing delivered this  
18<sup>th</sup> day of March, 2019 to:

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

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

6 John B. Holling  
7 1910 E. Cashman Rd.  
8 Phoenix, AZ 85024  
Respondent

9 **COPY** sent same date via electronic mail to:

10 John B. Holling  
11 John@johnholling.com  
Respondent

12 John B. Holling  
13 Jbyron07@gmail.com  
Respondent

14 Grant Pearson  
15 Assistant Attorney General  
Admin.Law@azag.gov  
16 Attorney for the Department of Insurance

17 Susan Hack  
Susan.hack@azag.gov  
18 Attorney General Paralegal

19 *Francine Martinez*  
20 Francine Martinez  
7715310



STATE OF ARIZONA  
FILED

APR 08 2019

DEPT OF INSURANCE  
BY MEK

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

3 Deian Ousounov  
3 State Bar No. 021069  
4 Assistant Attorney General  
4 Public Law Section  
5 2005 N. Central Ave.  
6 Phoenix, Arizona 85004  
6 Telephone: (602) 542-4951  
7 Facsimile: (602) 542-4385  
7 E-mail: Deian.Ousounov@azag.gov  
8 Attorneys for the Arizona Department of Insurance

9 STATE OF ARIZONA  
10 DEPARTMENT OF INSURANCE

11 In the Matter of:  
12 **HOLLING, JOHN B.**  
13 (National Producer Number 7092558)

**No. 18A-097-INS**  
**MOTION FOR DEFAULT**

14 Respondent.  
15

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 John B. Holling ("Holling" or "Respondent"), in default, deeming the allegations set forth in  
20 the Notice as true, and ordering that Respondent's insurance license be revoked.

21 On March 18, 2019, a Notice of Hearing ("Notice") was filed in this matter and  
22 served upon John B. Holling at his address of record via certified mail pursuant to A.R.S. §  
23 41-1092.04. On March 21, 2019, the Department received the certified mail return receipt,  
24 No. 7017 0530 0000 3056 7486, showing that the Notice had been delivered and accepted  
25 at Respondent's business and mailing addresses of record: 1910 E. Cashman Rd.,  
26



1 Phoenix, AZ 85018. A copy of the certified mail receipt is attached to this request as  
2 **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 he 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. John B. Holling ("Respondent") is and was at all material times licensed as a  
12 resident insurance producer with a line of authority in life insurance, National Producer  
13 Number 7092558, which expires December 31, 2020.

14 2. Respondent's addresses of record with the Department are: 1910 E.  
15 Cashman Rd., Phoenix, AZ 85024 (business and mailing) and [john@johnholling.com](mailto:john@johnholling.com)  
16 (business e-mail).

17 3. On or about October 12, 2017, the Department issued to Respondent a  
18 license as an insurance producer, National Producer Number 7092558.

19 4. On March 16, 2018, the Department notified Respondent by mail at his  
20 address of record that his fingerprint card had been processed and returned by the Arizona  
21 Department of Public Safety (DPS) as illegible. The Department requested a replacement  
22 set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or  
23 before April 6, 2018. Respondent did not reply to the Department's request.

24 5. On April 17, 2018, the Department notified Respondent a second time by mail  
25 at his address of record that his fingerprints had been returned by DPS as illegible and that  
26 the Department was about to initiate an administrative action against his license for failure

1 to comply with the fingerprint requirement. The Department requested a response by May  
2 4, 2018.

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 March 18, 2019 Notice of Hearing be deemed admitted and that  
7 Respondent's insurance license be revoked.

8 RESPECTFULLY SUBMITTED this 8<sup>th</sup> day of April, 2019.

9 MARK BRNOVICH, Attorney General

10 By /s/ Deian Ousounov  
11 Deian Ousounov, Assistant Attorney General  
12 Attorneys for the Arizona Department of Insurance

13 **COPY** of the foregoing electronically filed this  
14 8<sup>th</sup> day of April, 2019 to:

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


19 **COPY** mailed and e-mailed same date to:



20 John B. Holling  
21 1910 E. Cashman Rd.  
22 Phoenix, AZ 85024  
23 Respondent

24 John B. Holling  
25 John@johnholling.com  
26 Respondent

John B. Holling  
Jbyron07@gmail.com  
Respondent

24 Aresca Carranza  
25 7862484

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mail piece or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received By (Printed Name) _____ C. Date of Delivery _____
Article Addressed to <b>John B. Holling</b> <b>1910 E. Cashman Rd.</b> <b>Phoenix, AZ 85018</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 4077 8190 8009 93 ZIP Article Number (Transfer from seal) 7017 0530 0000 3056 7486	3. Service Type <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collection Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2016 PSN 7530-02-000-9053	Domestic Return Receipt

USPS TRACKING#			First-Class Mail Postage & Fees Paid USPS Permit No. G-10
 9590 9402 4077 8190 8009 93	EP 6008 DR18 47EP 2049 0955		
United States Postal Service	* Sender: Please print your name, address, and ZIP+4® in this box* <b>ARIZONA Department of Insurance</b> <b>100 N. 15th Ave SUITE 102</b> <b>PHOENIX, AZ 85007</b> <b>M. Kosinski</b> <b>MAR 21 2019</b>		
