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DEPARTMENT OF INSURANCE

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AZ DEPT. OF INSURANCE ADMINISTRATIVE SERVICES

In the Matter of:

Hallagan, Anna Louise (National Producer Number 18556296) Docket No. 18A-112-INS

CONSENT ORDER

Respondent.

The State of Arizona Department of Insurance ("Department") has received evidence that **Anna Louise Hallagan** has violated provisions of Title 20, Arizona Revised Statutes ("A.R.S."). Respondent wishes to resolve this matter in lieu of formal proceedings, 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. Anna Louise Hallagan ("Respondent") is and was at all material times licensed as a resident insurance producer with a line of authority in accident and health or sickness insurance, National Producer Number 18556296, which expires January 31, 2021.
- 2. Respondent's addresses of record with the Department are: 16404 N. Black Canyon Hwy., #100, Phoenix, AZ 85053 (business), 4525 W. San Miguel Ave., Glendale, AZ 85301 (mailing) and anna.hallagan.109717@uhc.com (business e-mail).
- 3. On or about October 2, 2017, the Department issued to Respondent a license as an insurance producer, National Producer Number 18556296.
- 4. On March 16, 2018, the Department notified Respondent by mail at her mailing address of record that her fingerprint card had been processed and returned by the Arizona

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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 April 6, 2018. Respondent did not reply to the Department's request.

- 5. On April 17, 2018, the Department notified Respondent a second time by mail at her business 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 May 4, 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 providing incomplete information in the license application within the meaning of A.R.S. § 20-295(A)(1).
- 4. 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).
- 5. 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:

- Respondent shall immediately submit her fingerprints and an Illegible Fingerprint
 Replacement Form to the Department.
- 2. Respondent shall pay a civil penalty of one hundred dollars (\$100.00) to the Department, due upon the submission of this Consent Order.

DATED AND EFFECTIVE this

day of

Keith A. Schraad, Director
Arizona Department of Insurance

CONSENT TO ORDER

- Respondent has reviewed the foregoing Findings of Fact, Conclusions of Law and Order.
- Respondent admits to the jurisdiction of the 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 is aware of her right to notice and a hearing at which he may be represented by counsel, present evidence and examine witnesses. Respondent irrevocably waives her right to such notice and hearing and to any court appeals relating to this Consent Order.
- 4. 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.

Office of Administrative Hearings

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