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2017 APR 26 A 11:22

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

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5 **STATE OF WASHINGTON**
6 **OFFICE OF THE INSURANCE COMMISSIONER**
7 **CONSUMER PROTECTION DIVISION**

8 In the Matter of: 9 NEW ALLIANCE INSURANCE 10 BROKERS, INC. 11 Licensee.	Case No. 17-0049 WAOIC No. 853047 FEIN 20-1185810 WITHDRAWAL OF REQUEST FOR HEARING
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13 Comes now, licensee New Alliance Insurance Brokers, Inc., by and through attorney of
14 record Ragnar Bloom of The Rosenberg Law Group, PLLC, to hereby withdraw the Demand for
15 Hearing previously filed on the above-captioned matter, a copy of which is attached.

16 Licensee does not wish to proceed to a hearing on this matter at this time and therefore
17 withdraws the previously filed request for a hearing.

18 DATED this 26th day of April, 2017.

19 /s/ Ragnar Bloom
Ragnar Bloom, WSBA No. 41484
500 Union Street, Suite 510
Seattle, WA 98101
Tele: (206) 407-3300
Fax: (206) 407-3097
ragnar@rosenberglawgroup.net

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22 WITHDRAWAL OF HEARING REQUEST - 1

The Rosenberg Law Group, PLLC
500 Union St., Ste. 510
Seattle, WA 98101
(206) 407-3300 | Fax (206) 407-3097



State of Washington
Office of the Insurance Commissioner
Hearings Unit
PO Box 40255
Olympia WA 98504-0255
5000 Capitol Boulevard
Tumwater, WA 98501
(360) 725-7002 FAX (360) 664-2782
HearingsU@oic.wa.gov

Demand for Hearing

Please type or print in ink. Attach a copy of the Order or correspondence in dispute and all documents supporting your demand. This Demand for Hearing can be mailed, faxed, hand-delivered or emailed to the Hearings Unit at the address above. For OIC Demands, please provide contact information for all other interested parties and their representatives.

1 Requesting Party (required information)	
Name/Business Name NEW ALLIANCE INSURANCE BROKERS, INC	OIC Case/Order No.
Street Address 3700 SANTA FE AVE #300	City, State, Zip LONG BEACH, CA 90810
Telephone Number 424-205-6700	Fax Number 424-205-6701
Contact Person MARCELO POVOLO	Telephone Number 424-205-6700 x310
	Email Address mpovolo@NewAllianceINS.COM

2 Authorized Representative/Attorney for Requesting Party		
Last Name Bloom	First Ragnar	M.I. H
Business Name Rosenberg Law Group, PLLC		
Street Address 500 Union Street		City, State, Zip Seattle, WA 98101
Telephone Number 206-407-3300	Fax Number 206-407-3077	Email Address ragnar@rosenberglawgroup.net

3 Subject Matter of Demand for Hearing		
<input checked="" type="checkbox"/> Revocation or Denial of License	<input type="checkbox"/> Revocation or Denial Certificate of Authority or Registration	<input type="checkbox"/> Cease and Desist Order
<input type="checkbox"/> Imposition of Fine/Consent Order	<input type="checkbox"/> Other	

4 Additional Parties/Representatives (for more parties and/or representatives, please attach additional pages)		
Last Name	First	M.I.
Business Name		
Street Address		City, State, Zip
Telephone Number	Fax Number	Email Address

5 Issues and Arguments
a. Issues - Briefly describe each issue or area of dispute that you wish us to consider. Attach additional pages if necessary.
<p>Licensee was revoked effective March 29, 2017, in an order dated March 14, 2017, in part for failure to respond to the Commission's letters.</p> <p>Licensee reports that an email regarding this issue had gone to the wrong folder so it was not seen and a letter from the Commission went to the wrong desk - the permit department, so it was not processed correctly.</p>

b. **Arguments** – Explain why each issue or area of dispute listed above should be decided in your favor. Attach additional pages if necessary. To the extent known, cite applicable rules, statutes, or cases in support of your arguments. Enclose copies of documents concerning your arguments including documents the Department previously requested from you that you have not yet provided.

The licensee inadvertently missed the letters/email from the Commission regarding this matter and asks that it be reopened so that it may be addressed and resolved.

6 Signature

Either the Requesting Party or the Attorney/Representative can sign this Demand for Hearing. However, if the Representative is submitting the Demand, contact information for the Requesting Party must be provided under Section 1 above and the Attorney/Representative's contact information must be provided in Section 2.

Requesting Party:

Signature

Date

Name (please print or type)

Title

Authorized Representative:

RAB

Signature

4/18/17

Date

Ragnar Bloom #41484

Name (please print or type)

Attorney for licensee

Title