

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

**In Re: Jessica Holman-Clinton
Docket No.: Ins. No. 23-031-EP**

**ORDER TO SHOW CAUSE
AND
NOTICE OF HEARING**

The New Hampshire Insurance Department (“NHID”) orders Jessica Holman-Clinton (“Respondent”) to show cause why the New Hampshire Insurance Commissioner should not revoke her New Hampshire insurance producer license and levy an administrative fine. In support of the Order to Show Cause and pursuant to RSA 541-A:31, RSA 400-A:17 *et seq.* and Ins Chapter 200, the NHID states as follows:

STATEMENT OF FACTS

1. Respondent is a Florida domiciled insurance producer who holds a non-resident insurance producer license in New Hampshire. She is licensed in the following lines of authority: Accident and Health or Sickness and Life.
2. On or about November 13, 2022, Respondent sold a health insurance plan to JB and DB, a married New Hampshire couple.
3. However, JB and DB were not looking to enroll in a policy at that time and had communicated to Respondent that they were only looking for information on potential policies in which they might enroll.
4. JB and DB did not realize Respondent had enrolled them in a health plan until the next calendar year when trying to fill prescription medications.
5. JB and DB were forced to spend significant time unraveling the unwanted health plan and ensuring that the appropriate coverages were in place for their medical treatment.
6. On or about August 3, 2023, the NHID requested pursuant to NH RSA 400-A:16 that Respondent provide additional information about the sale to JB and DB; Respondent did not respond to that request.

7. On or about August 25, 2023, the NHID requested pursuant to NH RSA 400-A:16 that Respondent provide additional information about the sale to JB and DB; Respondent did not respond to that request.

STATEMENT OF ISSUES

8. Whether Respondent violated NH RSA 402-J:12, I (h) by using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere when she enrolled JB and DB in an insurance plan without their consent.
9. Whether the Respondent violated NH RSA 400-A:16, II for failing to respond to the NHID's inquiry regarding these matters.
10. The NHID reserves the right to amend this statement of issues upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

INSURANCE LAWS VIOLATED BY RESPONDENT

11. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-J:12, I (h) and NH RSA 400-A:16, II.
12. The NHID reserves the right to amend this list of insurance laws violated by the Respondent upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

PENALTY REQUESTED

13. In the event that the Hearing Officer determines after an evidentiary hearing that the NHID sustained its burden of proof with respect to the allegations of fact and violations of law outlined above, the NHID requests that the Hearing Officer impose the following sanctions on the Respondent:
 - a. Order revocation of Respondent's New Hampshire non-resident producer license; and
 - b. Order Respondent to pay a fine in an amount not to exceed \$2,500 per violation.

NOTICE OF HEARING

14. An adjudicatory proceeding shall be commenced for the purpose of resolving the issues articulated above pursuant to RSA 541-A:31, RSA 400-A:17:6, *et seq.*, and Ins

200. To the extent that the Department's rules do not address an issue of policy or procedures, the Department shall apply the N.H. Department of Justice Rules, Part 800.

15. The Respondent shall appear at Department on **October 17, 2023, at 1:30 PM** at the Department's office located at 21 South Fruit Street, Suite 14, in Concord New Hampshire to participate in this adjudicatory proceeding and, if deemed appropriate, be subject to sanctions pursuant to RSA 402-J:12, I and RSA 400-A:15, III. Respondent's failure to appear at the time and place specified above may result in the hearing being held *in absentia* pursuant to RSA 400-A:19, VII, and sanctions may be imposed without further notice or an opportunity to be heard.
16. Steve Notinger, Esq. is appointed to act as Hearing Officer in this matter with all the authority within the scope of RSA 400-A:19 and Ins 203.01.
17. Kerry Nelson shall serve as clerk to the Hearing Officer. The parties should direct all communications to Ms. Nelson, whose contact information is:

Kerry Nelson, Clerk
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301
Tel: (603) 271-2460
Fax: (603)271-1406
Email: kerry.l.nelson@ins.nh.gov

18. The Respondent has the right to be represented by a lawyer in this proceeding. However, the Respondent shall bear the cost of retaining said lawyer. Should the Respondent elect to retain a lawyer, her lawyer shall file a Notice of Appearance with Ms. Nelson and said lawyer should do so at the earliest possible date. A copy of the NHID's Notice of Appearance form is enclosed with this Order.
19. Any party may request a transcript of the proceeding. The party requesting a transcript of the proceedings shall file a written request for a certified court reporter with the Hearing Officer at least 10 days prior to the scheduled hearing date. The costs incurred for the services of a certified court reporter shall be borne by the requesting party.
20. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.
21. All routine procedural inquiries may be made by contacting Kerry Nelson, Hearing Clerk, New Hampshire Insurance Department, 21 South Fruit Street, Suite 14,

Concord NH 03301, (603) 271-2460, but that all other communications with the Hearing Officer and the Commissioner shall be in writing and filed as provided above. *Ex parte* communications are forbidden by statute and the Department's rules.

22. A copy of this hearing notice shall be served upon Respondent by certified mail addressed to the mailing address on file with New Hampshire Insurance Department. *See*, RSA 400-A:14.

It is **SO ORDERED**.

NEW HAMPSHIRE INSURANCE DEPARTMENT

Date: _____

9/15/23




David J. Bettencourt
Acting Insurance Commissioner

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and accurate copy of the foregoing Order to Show Cause and Notice of Hearing was sent this date by first-class mail, postage prepaid, and by certified mail, return receipt requested, to 933 W. Orange Blossom Trail Apt. C, Apopka Florida 32712, and 110 W. Orange St., Altamonte Springs, FL 32714 the mailing and residential addresses the Respondent maintains on file with the Department, as well as jessicaclinton0915@gmail.com, the e-mail address the Respondent maintains on file with the Department.

Date: _____

9/15/23



Joshua S. Hilliard, Esq.
Compliance & Enforcement Counsel

NEW HAMPSHIRE INSURANCE DEPARTMENT

ATTORNEY APPEARANCE or WITHDRAWAL

Docket No. (if known): _____

Respondent Name or Case Name: _____

APPEARANCE

Please **ENTER** my appearance as
Counsel for _____

I confirm that neither I nor any member of my
law firm have been retained by the Department
of Insurance or the Commissioner of Insurance.

WITHDRAWAL

Please **WITHDRAW** my appearance as
Counsel for _____

Notice of Withdrawal sent to my client on:
_____ at the following address:

I hereby certify that I provided a copy of this original request to the Department and a copy to all other known parties to this matter in accordance with Ins 204.09.

Signed: _____

Name: _____ **NH Bar #:** _____

Firm Name: _____ **Email:** *(see also below)* _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____

Email Consent: By checking this box, I consent to delivery by email in accordance with Ins 204.09(c). Please send communications and documents to the above email address.

Date: _____ **Signature:** _____

If you do not consent to delivery by email, all communications will be sent to you by personal delivery at your physical address or by United States Postal Service first class mail to your mailing address.