



**The State of New Hampshire  
Insurance Department**

21 South Fruit Street, Suite 14  
Concord, NH 03301  
(603) 271-2261 Fax (603) 271-1406  
TDD Access: Relay NH 1-800-735-2964

**John Elias  
Commissioner**

**Alexander K. Feldvebel  
Deputy Commissioner**

August 9, 2019

*VIA FIRST-CLASS & CERTIFIED MAIL: 7008 1830 0000 3912 0978  
VIA EMAIL: jalord1974@hotmail.com*

John Lord  
Dialamerica  
8085 Rivers Ave  
N. Charlestown, SC 29406

Re: Order to Show Cause & Notice of Hearing  
Docket No.: INS No. 19-017-EP

Dear Mr. Lord:

Enclosed please find an Order to Show Cause and Notice of Hearing issued by Commissioner John Elias.

A hearing in this matter has been scheduled on **September 24, 2019 at 10:00 a.m.** at the New Hampshire Insurance Department located at 21 South Fruit Street, Suite 14, Concord, NH. You may find driving directions and additional information on our website at <http://www.nh.gov/insurance>.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Bleier".

Mary C. Bleier, Esq.  
Compliance & Enforcement Counsel

MCB/sp

STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT

In re: John Lord

Docket No.: INS No. 19-017-EP

ORDER TO SHOW CAUSE  
AND  
NOTICE OF HEARING

The New Hampshire Insurance Department ("NHID") orders John Lord ("Respondent") to show cause why the New Hampshire Insurance Commissioner should not suspend or revoke his New Hampshire non-resident producer license, or levy an administrative fine, or both. 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. The Respondent is a non-resident New Hampshire producer with a mailing address listed as Dialamerica, 8085 Rivers Ave. N. Charleston, SC 29406 and an email address listed as jalord1974@aol.com.
2. On May 4, 2018, the Respondent was issued New Hampshire non-resident producer license #2401908. This license expires on May 31, 2020. The Respondent is licensed to sell Life, Accident, and Health or Sickness insurance products.
3. On June 29, 2018, the South Dakota Department of Labor and Regulation denied the Respondent's application for licensure as a non-resident insurance producer. The application was denied after an investigation revealed that the Respondent provided false and misleading information on the license application, that the Respondent had twice been convicted of theft and still owed restitution, and had been permanently disbarred by the Ohio Bar Association.

4. The Respondent uploaded a copy of the South Dakota denial to the NIPR Attachment Warehouse on January 18, 2019, more than 30 days after the final disposition of the action.

5. On November 9, 2018, the Indiana Commissioner of Insurance denied the Respondent's licensure application citing a prior theft conviction, having been disbarred from the practice of law and failing to disclose the South Dakota license denial.

6. As of the date of this Order to Show Cause, the Indiana administrative action has not been report to the NHID or uploaded into the Attachment Warehouse.

7. On January 17, 2019, the Louisiana Department of Insurance revoked the Respondent's nonresident insurance producer license for failing to report the South Dakota denial on his original licensure application. The Respondent did not request a hearing or otherwise challenge Louisiana's Revocation Order.

8. As of the date of this Order to Show Cause, the Louisiana administrative action has not been report to the NHID or uploaded into the Attachment Warehouse.

9. On May 7, 2019, the State of Washington Office of the Commissioner revoked the Respondent's nonresident insurance producer license citing the Louisiana revocation and for failing to timely respond to an inquiry from the Insurance Commissioner. The Respondent did not request a hearing or otherwise challenge Washington's Order Revoking License.

10. As of the date of this Order to Show Cause, the Washington administrative action has not been report to the NHID or uploaded into the Attachment Warehouse.

11. By correspondence dated June 27, 2019, the NHID Enforcement Unit, conducting an investigation pursuant to RSA 400-A:16, II, attempted to contact the Respondent, via his address and email of record, asking him to provide an explanation for not reporting the South Dakota, Indiana, Louisiana and Washington administrative actions. The NHID also informed

the Respondent that he is required to report all administrative actions to the NHID within 30 days. This information was to be submitted to the NHID no later than July 10, 2019.

12. To date, the United States Postal Service (“USPS”) has not returned the June 27, 2019 correspondence, indicating that the USPS delivered the letter. In addition, the NHID did not receive any notification that the email address was invalid, indicating that the email had been sent and delivered. Nevertheless, the Respondent failed to provide the NHID with the requested information by the July 10, 2019 deadline.

13. Again, by correspondence dated July 23, 2019, the NHID Enforcement Unit attempted to contact the Respondent and request asking him to provide an explanation for failing to report other state’s administrative actions. The deadline for this information to be submitted to the NHID was no later than August 7, 2019. Again, the NHID has received no response from the Respondent.

#### STATEMENT OF ISSUES

14. Whether Respondent violated RSA 400-A:16, II by failing to respond to the NHID’s June 27, 2019 and July 23, 2019 request for information.

15. Whether the Respondent violated RSA 402-J:17, I by failing to report three administrative actions taken against the Respondent in Indiana (*denial*), Louisiana (*revocation*), and Washington (*revocation*) and by failing to report, in a timely manner, one other administrative action issued to the Respondent in South Dakota (*denial*).

16. Whether the Respondent violated RSA 402-J:12, I(b) by failing to comply with New Hampshire insurance laws RSA 400-A:16, II; and RSA 402-J:17, I.

17. Whether the Respondent violated RSA 402-J:12, I(i) by having his producer license and denied or revoked in South Dakota, Indiana, Louisiana and Washington.

18. The NHID reserves the right to amend this statement of issues upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

**NEW HAMPSHIRE INSURANCE LAWS VIOLATED BY RESPONDENT**

19. The NHID maintains that the Respondent violated RSA 400-A:16, II; RSA 402-J:17, I; and RSA 402-J:12, I (b & i).

20. 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**

21. In the event that the Hearing Officer determines after 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 permanent revocation of the Respondent's New Hampshire non-resident producer license; and
- b. Order the Respondent to pay a fine in an amount not to exceed \$2,500 per violation.

**NOTICE OF HEARING**

22. Pursuant to RSA 541-A:31, RSA 400-A:17 *et seq.* and Ins Chapter 200, the hearing in this matter shall commence on Tuesday, September 24, 2019 at 10:00 a.m. at the offices of the Department, which are located at 21 South Fruit Street, Suite 14 in Concord, New Hampshire.

23. Michelle Heaton shall preside as the Hearing Officer in this matter. Sandra Barlow shall serve as clerk to the Hearing Officer. The parties shall direct all communications to Ms. Barlow, whose contact information is:

Sandra Barlow, Clerk  
New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, NH 03301  
Tel: (603) 271-2261  
Fax: (603)271-1406  
Email: Sandra.barlow@ins.nh.gov

24. 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, his lawyer shall file a Notice of Appearance with Ms. Barlow, and said lawyer should do so at the earliest possible date. A copy of the Department's Notice of Appearance is enclosed with this Order.

25. Any party may request a transcript of the proceeding. The party requesting a transcript of the proceeding 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.

26. Mary C. Bleier, Esq. shall serve as staff advocate representing the interests of the NHID.

It is **SO ORDERED**.

NEW HAMPSHIRE INSURANCE DEPARTMENT

Date: 8/8/19



John Elias, 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 John Lord, Dialamerica 8085 Rivers Ave. N.

Charleston, SC 29406 and jalord1974@hotmail.com, the mailing and email addresses Mr. Lord maintains on file with the Department.

Date: 8/8/2019

  
\_\_\_\_\_  
Mary C. Bleier, Esq.  
Compliance & Enforcement Counsel

**NEW HAMPSHIRE INSURANCE DEPARTMENT**

**ATTORNEY APPEARANCE or WITHDRAWAL**

Docket No. (if known): \_\_\_\_\_

Respondent Name or Case Name: \_\_\_\_\_

**APPEARANCE**

**WITHDRAWAL**

Please **ENTER** my appearance as  
Counsel for \_\_\_\_\_

Please **WITHDRAW** 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.

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.*