



**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

**Christopher R. Nicolopoulos**  
Commissioner

**David J. Bettencourt**  
Deputy Commissioner

April 19, 2021

VIA EMAIL: [matt@ourhcs.com](mailto:matt@ourhcs.com); [strivetobebetter@yahoo.com](mailto:strivetobebetter@yahoo.com)  
VIA FIRST-CLASS & CERTIFIED MAIL: 7008 1830 0000 3912 1180

Matthew Marden  
305 Foster St, Ste 201  
Littleton, MA 01460-2021

VIA FIRST-CLASS & CERTIFIED MAIL: 7008 1830 0000 3912 1173

Matthew Marden  
1 Hardy Rd # 1147  
Bedford, NH 03110-4915

Re: Order to Show Cause & Notice of Hearing  
Docket No.: INS No. 21-023-EP

Dear Mr. Marden:

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

A hearing in this matter has been scheduled on **May 13, 2021 at 10:00 AM** 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,

*/s/ Joshua Hilliard*

Joshua S. Hilliard, Esq.  
Associate Enforcement Counsel

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**In Re: Matthew Marden  
Docket No.: Ins. No. 21-023-EP**

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

The New Hampshire Insurance Department ("NHID") orders Matthew Marden ("Respondent") to show cause why the New Hampshire Insurance Commissioner should not revoke and/or suspend his New Hampshire resident 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. The Respondent is a licensed resident New Hampshire insurance producer with a National Producer License number of 16905392 with a stated resident address of 1 Hardy Road, #1147, Bedford, NH 03110.
2. From 2014 until 2016, Respondent sold insurance products for The Chesapeake Life Insurance Company ("Chesapeake"), with a particular emphasis on supplemental health insurance policies.
3. During that time frame, Respondent was the subject of no less than 146 complaints to Chesapeake from consumers alleging that Respondent engaged in dishonest practices when selling those products. A significant portion of the consumers asserted that Respondent did not tell them the policies were only supplemental health insurance and not primary insurance coverage.
4. On or about October 13, 2016 Respondent's appointment with Chesapeake was suspended due to continued complaints from consumers alleging that they were unaware of the supplemental coverage Respondent sold them or that they only intended to apply for primary health insurance, not supplemental policies.
5. On or about February 24, 2017, Respondent's appointment with Chesapeake was terminated because of excessive complaints and the underlying conduct which was not corrected following coaching and retraining by Chesapeake.
6. Of those 146 complaints raised by consumers, 25 resulted in a partial refund of premium to the consumer, while 85 resulted in a total refund of premium to the

consumer. In other words, over 82% of the complaints raised by consumers about the policies sold by Respondent were resolved through a refund to the consumer.

7. On or about March 14, 2018, Respondent allowed his resident Massachusetts insurance producer license to lapse.
8. On July 29, 2018 Respondent completed an application for a New Hampshire resident insurance producer license. On that application Respondent indicated he resided at 49 Musquash Rd A, Hudson, NH 03051.
9. However, at that time Respondent did not reside in New Hampshire and in fact was residing in Massachusetts at 254 Main St, Waltham, MA 02453.
10. On March 27, 2020, Respondent completed a renewal application for his New Hampshire resident insurance producer license. On that renewal application Respondent indicated he resided at 49 Musquash Rd A, Hudson, NH 03051.
11. However, at that time Respondent did not reside in New Hampshire and in fact was residing in Massachusetts, at 15 Spencer Road, Boxborough MA 01719.
12. On July 30, 2020, Respondent notified the NHID of a resident address change to 1 Hardy Road, #1146, Bedford, NH 03110.
13. However, 1 Hardy Road, #1147, Bedford, NH 03110 is the address for a box at a postal store, and at that time, Respondent was residing at 22 Blaiswood Ave, Marlborough, MA 01752.
14. Contrary to Respondent's assertions in his applications and notifications to the NHID, Respondent has not been residing in New Hampshire but instead has been residing in Massachusetts since 2018.

#### STATEMENT OF ISSUES

15. 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 by engaging in conduct that resulted in 146 consumer complaints, 82% of which resulted in consumer refunds.
16. Whether Respondent violated NH RSA 402-J:12, I (e) by intentionally misrepresenting the terms of an actual or proposed insurance contract or

application for insurance by repeatedly misrepresenting the terms of the supplemental health insurance policies he sold through Chesapeake.

17. Whether the Respondent violated NH RSA 402-J:12, I (a) by providing incorrect, misleading, incomplete, or materially untrue information in his license application when he applied for licensure in New Hampshire and applied for a renewal in New Hampshire and stated he resided in New Hampshire through he was living in Massachusetts.
18. Whether the Respondent violated NH RSA 402-J:12, I (c) by obtaining a New Hampshire resident insurance producer license through misrepresentation or fraud, when he applied for licensure and stated he resided in New Hampshire though he was living in Massachusetts.
19. Whether the Respondent violated NH RSA 402-J:12, I (b) by violating any insurance laws, or violating any rule, or regulation, to wit, NH RSA 402-J:7, VI, when he notified the NHID of a false residential address in 2020.
20. 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**

21. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-J:12, I (a), NH RSA 402-J:12, I (c), NH RSA 402-J:12, I (e), NH RSA 402-J:12, I (h), NH RSA 402-J:12, I (b), and NH RSA 402-J:7, VI.
22. 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**

23. 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 a revocation or suspension of the Respondent's New Hampshire 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

24. 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.*, RSA 417:6, *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.
25. The Respondent shall appear at Department on **Thursday, May 13 at 10 AM**, 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.
26. Emily Doherty, 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.
27. Sandra Barlow shall serve as clerk to the Hearing Officer. The parties should 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) 271-2033 Fax: (603)271-1406  
Email: sandra.l.barlow@ins.nh.gov
28. 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 NHID's Notice of Appearance form is enclosed with this Order.

29. 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.
30. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.
31. All routine procedural inquiries may be made by contacting Sandra Barlow, Hearing Clerk, New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord NH 03301, (603) 271-2033, 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 regulations.
32. 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:

4-19-2021



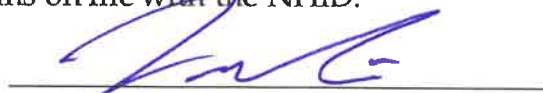
Christopher Nicolopoulos  
Insurance Commissioner

**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 Matthew Marden, 1 Hardy Road, #1147, Bedford, NH 03110-4915, and 305 Foster St, Ste 201, Littleton, MA 01460-2021, and [matt@ourhes.com](mailto:matt@ourhes.com) and [strivetobebetter@yahoo.com](mailto:strivetobebetter@yahoo.com), the mailing and email addresses the Respondent maintains on file with the NHID.

Date:

4/19/21



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**

**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.***