

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**In Re: Dahsha Pikus  
Docket No.: Ins. No. 21-054-EP**

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

The New Hampshire Insurance Department (“NHID”) orders Dahsha Pikus (“Respondent”) to show cause why the New Hampshire Insurance Commissioner should not revoke and/or suspend her New Hampshire non-resident insurance adjuster 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 non-resident New Hampshire insurance adjuster with a National Producer License number of 18293604, and is licensed in the following lines: P&C excluding workers’ comp.
2. Respondent has a mailing address of 4119 Del Mar Lane, Plainfield, IN 46168 and an e-mail address of [dahsha.pikus@libertymutual.com](mailto:dahsha.pikus@libertymutual.com).
3. On or about June 3, 2021, Respondent was subject to an administrative action by the Wyoming Department of Insurance in which her non-resident Wyoming adjuster license was revoked and she was assessed a civil penalty of \$200.00, all due to her failure to pay the associated fee for her license, communicate with Wyoming, and for failure to update her contact information with Wyoming.
4. On July 6, 2021, the NHID requested via e-mail and US mail that Respondent call or e-mail the NHID to set up a meeting to discuss the Wyoming action. This request was made pursuant to RSA 400-A:16, II; Respondent failed to respond to that request.
5. On August 4, 2021, the NHID requested via e-mail and US mail that Respondent call or e-mail the NHID to set up a meeting to discuss the Wyoming action. This request was made pursuant to RSA 400-A:16, II; Respondent failed to respond to that request.

**STATEMENT OF ISSUES**

6. Whether Respondent violated NH RSA 402-B:12 by having her insurance adjuster license revoked in another state.
7. Whether the Respondent violated NH RSA 402-B:12 by failing to provide to the NHID the information it requested pursuant to NH RSA 400-A:16.
8. 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

9. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-B:12.
10. 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

11. 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 or suspension of the Respondent's New Hampshire non-resident adjuster license; and
  - b. Order the Respondent to pay a fine in an amount not to exceed \$2,500 per violation.

#### NOTICE OF HEARING

12. 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 *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.

13. The Respondent shall appear at Department on **September 28, 2021 at 10:00 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-B:12 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.

14. 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.

15. Linda Zalinskie shall serve as clerk to the Hearing Officer. The parties should direct all communications to Ms. Barlow, whose contact information is:

Linda Zalinskie, Clerk  
New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, NH 03301  
Tel: (603) 271-2261  
Fax: (603)271-1406  
Email: [linda.m.zalinskie@ins.nh.gov](mailto:linda.m.zalinskie@ins.nh.gov)

16. 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. Zalinskie, 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.

17. 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.

18. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.

19. All routine procedural inquiries may be made by contacting Linda Zalinskie, Hearing Clerk, New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord NH 03301, (603) 271-2261, 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.
20. 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: 8-30-2021

  
\_\_\_\_\_  
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 Dahsha Pikus, [dahsha.pikus@libertymutual.com](mailto:dahsha.pikus@libertymutual.com); 11040 Limbach Circle, Indianapolis, IN 46236; and 4119 Del Mar Lane, Plainfield, IN 46168, the e-mail, residential, and mailing addresses the Respondent maintains on file with the Department.

Date: 8/30/21

  
\_\_\_\_\_  
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.***