

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**In Re: Christopher Treanor  
Docket No.: Ins. No. 22-043-EP**

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

The New Hampshire Insurance Department (“NHID”) orders Christopher Treanor (“Respondent”) to show cause why the New Hampshire Insurance Commissioner should not revoke his New Hampshire insurance producer license, levy an administrative fine, and order him to file an annual statement and pay past due premium tax and penalty. 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 New Jersey domiciled insurance producer who is licensed in the following lines of authority: surplus lines; property & casualty.
2. NH law requires that licensees provide monthly statements on or before the tenth day of each month indicating all insurance policies and contracts procured under said license.
3. NH law also requires that each licensed producer file with the commissioner, no later than January 31<sup>st</sup> of each year, a sworn statement on the gross premiums charged for insurance procured or placed under such license, and at that time pay a sum equal to 3 percent of such gross premiums less any return premiums.
4. By February 1, 2022, Respondent had neither filed an annual sworn statement, nor had she paid the sum equal to 3 percent of the gross premium previously reported on his monthly statements.
5. On or about April 7, 2022, the NHID requested Respondent submit an annual sworn statement and remit the appropriate tax including the statutory penalty of 6%. Respondent failed to submit an annual sworn statement and failed to remit the tax and penalty.
6. Subsequent demands by the NHID for an annual sworn statement and payment including statutory penalty occurred in May and June. Respondent failed to submit an annual sworn statement and failed to remit the tax and penalty.

## STATEMENT OF ISSUES

7. Whether Respondent violated NH RSA 405:29 by failing to submit a 2021 New Hampshire Surplus Lines Annual Statement.
8. Whether Respondent violated NH RSA 405:29 for failing to pay a sum equal to 3 percent of the gross premiums for insurance placed or procured under his license in New Hampshire.
9. 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

10. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 405:29.
11. 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

12. 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;
  - b. Order Respondent to pay a fine in an amount not to exceed \$2,500 per violation;
  - c. Order Respondent to file an annual sworn statement for insurance placed in NH in 2021; and
  - d. Order Respondent to remit to the NHID premium tax and penalty for 2021 in the amount of \$9,337.68 (or, if Respondent's total premium for 2021 has not been reported to the NHID accurately, the appropriate premium tax plus the 12% late penalty).

## NOTICE OF HEARING

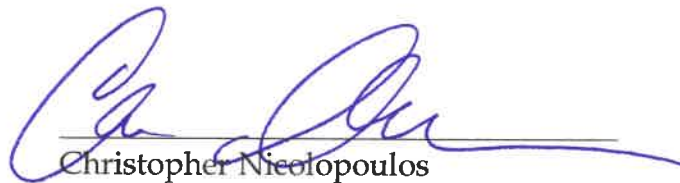
13. An adjudicatory proceeding shall be commenced for the purpose of resolving the issues articulated above pursuant to RSA 541-A:31, RSA 400-A:17:6, *et seq.*, and Ins 200. To the extent that the Department's rules do not address an issue of policy or procedures, the Department shall apply the N.H. Department of Justice Rules, Part 800.
14. The Respondent shall appear at Department on **August 23, 2022 at 1:00 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 405:29 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.
15. 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.
16. 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](mailto:sandra.l.barlow@ins.nh.gov)
17. 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.
18. 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.

19. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.
20. 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 rules.
21. 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: 7/20/22



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 63 Fairmont Road East, Pottersville, NJ 07979 and 180 River Rd Summit, NJ 07901-1449 the mailing and residential addresses the Respondent maintains on file with the Department, as well as [spg.licensing@specialtyprogramgroup.com](mailto:spg.licensing@specialtyprogramgroup.com), the e-mail address the Respondent maintains on file with the Department.

Date: 7/20/22



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.***