

THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF

STEVEN JACOB OLSEN

CASE NO.: 42399-01-AG

ADMINISTRATIVE COMPLAINT

TO: **STEVEN JACOB OLSEN**
INDIVIDUALLY and as VICE PRESIDENT of
ACORDIA SOUTHEAST, INC.
501 SOUTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH, FLORIDA 33401

You, STEVEN JACOB OLSEN, are hereby notified that pursuant to Chapter 626, *Florida Statutes*, the Insurance Commissioner of the State of Florida has caused to be made an investigation of your activities as an insurance agent in this State, as a result of which it is alleged:

GENERAL ALLEGATION

1. You, STEVEN JACOB OLSEN are currently licensed and eligible for licensure in this state as a life including variable annuity agent (0214), a life, variable annuity and health agent (0215), a life agent (0216), a life and health agent (0218), and as a health agent (0240).
2. At all times material to the dates and occurrences herein, you, STEVEN JACOB OLSEN were eligible for licensure as an insurance agent in this State.
3. At all times material to the dates and occurrences herein, you, STEVEN JACOB OLSEN were employed by ACORDIA SOUTHEAST, INC., were the Vice-President for Employee Benefits of ACORDIA SOUTHEAST, INC., and you committed the violations alleged herein while acting as a

licensed insurance agent within the course and scope of your employment with, and in your capacity as, Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC.

4. At all times material to the dates and occurrences herein, ACORDIA SOUTHEAST, INC. was a Florida corporation that conducted business throughout the State of Florida and the nation as an insurance broker.

5. At all times material to the dates and occurrences herein, "Well America Group" was a Florida corporation that conducted business in Florida. More specifically, it purported to establish and to manage employer-sponsored, self-insured health plans for individual employers. However, as more fully described below, its structure and operation constituted the unlicensed transaction of the business of insurance.

6. Section 624.02, *Florida Statutes* defines "Insurance" as: *"Insurance" is a contract whereby one undertakes to indemnify another or pay or allow a specified amount or a determinable benefit upon determinable contingencies.*

7. Section 624.03, *Florida Statutes* defines "Insurer" as: *"Insurer" includes every person engaged as indemnitor, surety, or contractor in the business of entering into contracts of insurance or annuity.*

8. Section 624.09, *Florida Statutes* defines "Authorized", "Unauthorized insurer" as:
(1) An "authorized" insurer is one duly authorized by a subsisting certificate of authority issued by the department to transact insurance in this state. (2) An "unauthorized" insurer is one not so authorized.

9. Section 624.10, *Florida Statutes* defines "Transacting insurance" as: *"Transact" with respect to insurance includes any of the following, in addition to other applicable provisions of the code: (1) solicitation or inducement. (2) Preliminary negotiations. (3) Effectuation of a contract of insurance. (4) Transaction of matters subsequent to the effectuation of a contract of insurance and arising out of it.*

10. All insurers are required by Florida Insurance Code to possess a Certificate of Authority from the Department in order to conduct business in this State.

11. At no time material to the dates and occurrences herein, did Well-America Group, Inc.

possess a Certificate of Authority from the Department to engage in the business of insurance in Florida.

12. Well-America Group, Inc. was not subject to any exception to the licensure requirement of the Florida Insurance Code in order to lawfully engage in the business of insurance or to operate as a MEWA, in Florida.

COUNT I

13. All statements, claims, and allegations of Paragraphs 1 through 12, inclusive, are incorporated by reference.

14. In or about September, 1999, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice President of Employee Benefits for ACORDIA SOUTHEAST, INC. met with representatives of Florida Transportation Services, Inc., Southern Labor Services, Inc. and Texas Terminals Limited Partnership, including one, John J. Gorman, in Fort Lauderdale, Florida for the purpose of soliciting the sale of, or otherwise presenting for sale, the Well-America group health benefit plan.

15. Thereafter, in or about late November, 1999, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC., sold the Well-America group health benefit plan to Florida Transportation Services, Inc., Southern Labor Services, Inc. and Texas Terminals Limited Partnership, all located in Fort Lauderdale, Florida.

16. As part of your solicitation of and presentation(s) to Florida Transportation Services, Inc., Southern Labor Services, Inc. and Texas Terminals Limited Partnership, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. represented to them that, *inter alia*, in return for the payment of a monthly premium, they would have no out of pocket expense and that the quoted rates were guaranteed for two years. You further represented to them that that there existed both a guaranteed claims pool for the payment of claims, and stop-loss coverage to pay claims that exceeded a stated amount. You further

represented to them that claims in excess of the then-current balance in the claims pool, but less than the attachment point of the stop-loss coverage were to be paid by Well-America Group.

17. At the time that you made the representation set forth in the foregoing paragraph, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. knew, should have known, and could have readily ascertained, that Well-America Group was not authorized by the Department to engage in the business of insurance in Florida. Further, you knew or should have known that, to the extent that that Well-America Group bore the risk of payment of some or all of the covered health claims of the employees of Florida Transportation Services, Inc., Southern Labor Services, Inc. and Texas Terminals Limited Partnership under the health plan, such constituted the transaction of insurance for which Well-America Group required a Certificate of Authority from the Department.

18. Subsequent to your sale of the Well-America Group health plan to Florida Transportation Services, Inc., Southern Labor Services, Inc. and Texas Terminals Limited Partnership, the persons afforded coverage thereunder incurred and submitted covered claims of approximately \$175,000.00 none of which were paid by Well-America Group.

COUNT II

19. All statements, claims, and allegations of Paragraphs 1 through 12, inclusive, are incorporated by reference.

20. In or about November, 1999, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice President of Employee Benefits for ACORDIA SOUTHEAST, INC. met with representatives of The Anspach Companies, including one, Lea Gable, in Palm Beach Gardens, Florida for the purpose of soliciting the sale of, or otherwise presenting for sale, the Well-America group health benefit plan.

22. Thereafter, in or about December, 1999, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST,

INC., sold the Well-America group health benefit plan to The Anspach Companies, and delivered the contract on or about December 20, 1999.

23. As part of your solicitation of and presentation(s) to The Anspach Companies you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. represented to them that, *inter alia*, in return for the payment of a monthly premium, they would have no out of pocket expense and that the quoted rates were guaranteed for two years. You further represented to them that that there existed both a guaranteed claims pool for the payment of claims, and stop-loss coverage to pay claims that exceeded a stated amount. You further represented to them that claims in excess of the balance in the claims pool, but less than the attachment point of the stop-loss coverage were to be paid by Well-America Group.

24. At the time that you made the representation set forth in the foregoing paragraph, you, STEVEN JACOB OLSEN in your capacity as a licensed insurance agent and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. knew, should have known, and could have readily ascertained, that Well-America Group was not authorized by the Department to engage in the business of insurance in Florida. Further, you knew or should have known that, to the extent that that Well-America Group bore the risk of payment of some or all of the covered health claims of the employees of The Anspach Companies under the health plan, such constituted the transaction of insurance for which Well-America Group required a Certificate of Authority from the Department.

25. Subsequent to your sale of the Well-America Group health plan to The Anspach Companies, the persons afforded coverage thereunder incurred and submitted covered claims in excess of \$100,000.00, none of which were paid by Well-America Group.

COUNT III

26. All statements, claims, and allegations of Paragraphs 1 through 12, inclusive, are incorporated herein by reference.

27. In or about January, 2000, you, STEVEN JACOB OLSEN, in your capacity as

a licensed insurance agent, and as Vice President of Employee Benefits for ACORDIA SOUTHEAST, INC. met with representatives of Ralph Buick, Inc., including one, Jane Polino, in Delray Beach, Florida for the purpose of soliciting the sale of, or otherwise presenting for sale, the Well-America group health benefit plan.

28. Thereafter, also in or about January, 2000, you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC., sold the Well-America group health benefit plan to Ralph Buick, Inc., and delivered the contract on or about January 18, 2000.

29. As part of your solicitation of and presentation(s) to Ralph Buick, Inc. you, STEVEN JACOB OLSEN, in your capacity as a licensed insurance agent, and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. represented to them that, *inter alia*, in return for the payment of a monthly premium, they would have no out of pocket expense and that the quoted rates were guaranteed for two years. You further represented to them that that there existed both a guaranteed claims pool for the payment of claims, and stop-loss coverage to pay claims that exceeded a stated amount. You further represented to them that claims in excess of the balance in the claims pool, but less than the attachment point of the stop-loss coverage were to be paid by Well-America Group.

30. At the time that you made the representation set forth in the foregoing paragraph, you, STEVEN JACOB OLSEN in your capacity as a licensed insurance agent and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC. knew, should have known, and could have readily ascertained, that Well-America Group was not authorized by the Department to engage in the business of insurance in Florida. Further, you knew or should have known that, to the extent that that Well-America Group bore the risk of payment of some or all of the covered health claims of the employees of Ralph Buick, Inc. under the health plan, such constituted the transaction of insurance for which Well-America Group required a Certificate of Authority from the Department.

31. Subsequent to your sale of the Well-America Group health plan to Ralph Buick, Inc., the persons afforded coverage thereunder incurred and submitted covered claims in excess of \$50,000.00, none of which were paid by Well-America Group.

BASED UPON ALL OF THE FOREGOING, IT IS THEREFORE CHARGED that you, STEVEN JACOB OLSEN in your capacity as a licensed insurance agent and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC., have violated or are accountable under the following provisions of the Florida Insurance Code and Rules of the State Treasurer and Insurance Commissioner, which violations constitute grounds for the revocation or suspension of your insurance licenses and eligibility for licensure:

A). No person shall transact insurance in this state, or relative to a subject of insurance resident, located, or to be performed in this state, without complying with the applicable provisions of this code. [Section 624.11, *Florida Statutes*];

B). No person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance in this state except as authorized by a subsisting certificate of authority issued to the insurer by the Department, except as to such transactions as are expressly otherwise provided for in this code [Section 624.401(1), *Florida Statutes*];

C). The department shall deny an application for, suspend, revoke, or refuse to renew or continue the license or appointment of any applicant, agent, title agency, solicitor, adjuster, customer representative, service representative, or managing general agent, and it shall suspend or revoke the eligibility to hold a license or appointment of any such person, if it finds that as to the applicant, licensee, or appointee any one or more of the following applicable grounds exist:

Willful failure to comply with, or willful violation of, any proper order or rule of the department or willful violation of any provision of this code. [Section 626.611(13), *Florida Statutes*];

D). The department may, in its discretion, deny an application for, suspend, revoke, or refuse to renew or continue the license or appointment of any applicant, agent, solicitor, adjuster, customer representative, service representative, or managing general agent, and it may suspend or revoke

the eligibility to hold a license or appointment of any such person, if it finds that as to the applicant, licensee, or appointee any one or more of the following applicable grounds exist under circumstances for which such denial, suspension, revocation, or refusal is not mandatory under s.626.611:

Violation of any provision of this code or of any other law applicable to the business of insurance in the course of dealing under the license or appointment. [Section 626.621(2), *Florida Statutes*];

In the conduct of business under the license or appointment, engaging in unfair methods of competition or in unfair or deceptive acts or practices, as prohibited under part IX of this chapter, or having otherwise shown himself or herself to be a source of injury or loss to the public or detrimental to the public interest. [Section 626.621(6), *Florida Statutes*];

E). No person shall, from offices or by personnel or facilities located in this state, or in any other state or country, directly or indirectly act as agent for, or otherwise aid on behalf of another, any insurer not then authorized to transact insurance in this state in:

- (a). The solicitation, negotiation, procurement, or effectuation of insurance or annuity contracts, or renewals thereof;
- (b). The dissemination of information as to coverage or rates;
- (c). The forwarding of applications;
- (d). The delivery of policies or contracts;
- (e). The inspection of risks;
- (f). The fixing of rates;
- (g). The investigation or adjustment of claims or losses; or
- (h). The collection or forwarding of premiums;

or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state. [Section 626.901(1), *Florida Statutes*];

F). If an unauthorized insurer fails to pay in full or in part any claim or loss within the

provisions of any insurance contract which is entered into in violation of this section, any person who knew or reasonably should have known that such contract was entered into in violation of this section and who solicited, negotiated, took application for, or effectuated such insurance contract is liable to the insured for the full amount of the claim or loss not paid. [Section 626.901(2), *Florida Statutes*]

G). In addition to any other penalties provided in the insurance code any insurance agent licensed in this state who in this state represents or aids an unauthorized insurer in violation of s. 626.901 commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, and each such violator shall be liable, personally, jointly, and severally with any other person or persons liable therefor, for payment of taxes payable on account of such insurance under s. 626.938. [Section 626.902, *Florida Statutes*].

H). No person shall engage in this state in any trade practice which is defined in this part as, or determined pursuant to s.626.951 or s.626.9561 to be, an unfair method or competition or an unfair or deceptive act or practice involving the business of insurance. [Section 626.9521(1), *Florida Statutes*];

I). Any person who violates any provision of this part shall be subject to a fine in an amount not greater than \$2,500 for each non-willful violation and not greater than \$20,000 for each willful violation. Fines under this subsection may not exceed an aggregate amount of \$10,000 for all non-willful violations arising out of the same action or an aggregate amount of \$100,000 for all willful violations arising out of the same action. The fines authorized by this subsection may be imposed in addition to any other applicable penalty. [Section 626.9521(2), *Florida Statutes*];

J). Knowingly making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, statement, sales presentation, omission, or comparison which:

1. misrepresents the benefits, advantages, conditions, or terms of any insurance policy;
2. is a misrepresentation for the purpose of inducing, or tending to induce, the lapse, forfeiture, exchange, conversion, or surrender of any insurance policy;

3. uses any advertisement that would mislead or otherwise cause a reasonable person to believe mistakenly that the state or the Federal Government is responsible for the insurance sales activities of any person or stands behind any person's credit or that the person, state, or the Federal Government guarantees any returns on insurance products or is a source of payment of any insurance obligation of or sold by any person. [Section 626.9541(1)(a), *Florida Statutes*];

K). Knowingly making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public,

1. in a newspaper, magazine, or other publication,
2. in the form of a notice, circular, pamphlet, letter, or poster,
3. over any radio or television station, or
4. in any other way

an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to the business of insurance, which is untrue, deceptive, or misleading. [Section 626.9541(1)(c), *Florida Statutes*];

L). Knowingly:

- a. Filing with any supervisory or other public official,
- b. Making, publishing, disseminating, circulating,
- c. Delivering to any person,
- d. Placing before the public,
- e. Causing, directly or indirectly, to be made, published, disseminated, circulated,

delivered to any person, or placed before the public,

any false material statement [Section 626.9541(1)(e)1., *Florida Statutes*];

M). Knowingly making any false entry of a material fact in any book, report, or statement

of any person, or knowingly omitting to make a true entry of any material fact pertaining to the business of such person in any book, report, or statement of such person. [Section 626.9541(1)(e)2., *Florida Statutes*];

N). Committing or performing with such frequency as to indicate a general business practice any of the following:

- a. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
- b. Failing to acknowledge and act promptly upon communications with respect to claims;
- c. Denying claims without conducting reasonable investigations based upon available information;
- d. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- e. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- f. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- g. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary. [Section 626.9541(1)(i)3., *Florida Statutes*].

WHEREFORE, you, STEVEN JACOB OLSEN in your capacity as a licensed insurance agent and as Vice-President of Employee Benefits for ACORDIA SOUTHEAST, INC., are hereby notified that the Treasurer and Insurance Commissioner intends to enter an Order:

- I. Revoking or suspending your licenses as an insurance agent in this state pursuant to Sections 626.611 and 626.621, *Florida Statutes*;
- II. Imposing an administrative penalty for the willful violation of Section 626.681;
- III. Imposing an administrative penalty for the willful violation of Section 626.901(1), *Florida Statutes*;
- IV. Holding you personally responsible for the payment of all unpaid claims of those Florida residents to whom you or the agents working under you, sold contracts or policies issued by Well-America Group, in accordance with Section 626.901(2), *Florida Statutes*;
- V. Holding you personally responsible for the payment of taxes on account of the coverage afforded under the Well-America Group contracts or policies pursuant to Section 626.938, *Florida Statutes*, in accordance with Section 626.902(2), *Florida Statutes*;
- VI. Imposing an administrative penalty for the willful violation of Section 626.9541(1)(a), *Florida Statutes*;
- VII. Imposing an administrative penalty for the willful violation of Section 626.9541(1)(b), *Florida Statutes*;
- VIII. Imposing an administrative penalty for the willful violation of Section 626.9541(1)(e)1., *Florida Statutes*;
- IX. Imposing an administrative penalty for the willful violation of Section 626.9541(1)(e)2., *Florida Statutes*;
- X. Imposing an administrative penalty for the willful violation of Section 626.9541(1)(0)2., *Florida Statutes*.
- XI. Impose probation for a period of up to two years in accordance with Section 626.691, *Florida Statutes*.

NOTICE OF RIGHTS

Pursuant to Sections 120.569 and 120.57, Florida Statutes and Rule Chapter 28-106, Florida Administrative Code (F.A.C.), you have a right to request a proceeding to contest this action by the

Department. You may elect a proceeding by completing the attached Election of Rights form or filing a Petition. Your Petition or Election of a proceeding must be in writing and must be filed with the General Counsel acting as the Agency Clerk, Department of Insurance. If served by U.S. Mail the Petition or Election should be addressed to the Florida Department of Insurance at 612 Larson Building, Tallahassee, Florida 32399-0333. If Express Mail or hand delivery is utilized, the Petition or Election should be delivered to 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0333. The Petition or Election must be received by, and filed in the Department within twenty-one (21) days of the date of your receipt of this notice.

YOUR FAILURE TO RESPOND TO THIS ADMINISTRATIVE COMPLAINT WITHIN TWENTY-ONE (21) DAYS WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO REQUEST A PROCEEDING ON THE MATTERS ALLEGED HEREIN, AN ORDER OF REVOCATION WILL BE ENTERED AGAINST YOU AND MONETARY ADMINISTRATIVE PENALTIES WILL BE ASSESSED.

If a proceeding is requested and there is no dispute of fact the provisions of Section 120.57(2), Florida Statutes would apply. In this regard you may submit oral or written evidence in opposition to the action taken by this agency or a written statement challenging the grounds upon which the agency has relied. While a hearing is normally not required in the absence of a dispute of fact, if you feel that a hearing is necessary one will be conducted in Tallahassee, Florida or by telephonic conference call upon your request.

If you dispute material facts which are the basis for this agency's action you may request a formal adversarial proceeding pursuant to Sections 120.569 and 120.57(1), Florida Statutes. If you request this type of proceeding, the request must comply with all of the requirements of Rule Chapter 28-106, F.A.C. and contain:

- a) A statement identifying with particularity the allegations of the Department which you dispute and the nature of the dispute;
- b) An explanation of what relief you are seeking and believe you are entitled to;
- c) Any other information which you contend is material.

These proceedings are held before a State administrative law judge of the Division of Administrative Hearings. Unless the majority of witnesses are located elsewhere the Department will request that the hearing be conducted in Tallahassee.

If you request a hearing, you have the right to be represented by counsel, or other qualified representative, to take testimony, to call and cross-examine witnesses, and to have subpoena and subpoena duces tecum issued on your behalf.

You are hereby notified that mediation under Section 120.573, Florida Statutes, is not available.

Failure to follow the procedure outlined with regard to your response to this notice may result in the request being denied. All prior correspondence in this matter shall be considered freeform agency action, and no such correspondence shall operate as a valid request for an administrative proceeding. Any request for administrative proceeding received prior to the date of this notice shall be deemed abandoned unless timely renewed in compliance with the guidelines as set out above.

You are hereby further notified that you have a right to request an advisory opinion or information letter as to your status and as to the effect of certain acts and transactions under the Retirement Income Security Act (ERISA) pursuant to ERISA Proc. 76-1, from the Pension and Welfare Benefits Administration of the United States Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

DATED and SIGNED this 9 day of July, 2001.





Kenney Shipley
Deputy Insurance Commissioner

STATE OF FLORIDA
DEPARTMENT OF INSURANCE

IN THE MATTER OF:

Case No.: 42399-01-AG

STEVEN JACOB OLSEN

ELECTION OF RIGHTS

I have received and have read the ADMINISTRATIVE COMPLAINT filed against me including the Notice of Rights contained therein and I understand my options. I am requesting disposition of this matter as indicated below. (Choose one)

1. I do not desire a proceeding. The Department may enter a Cease and Desist Order against me.

2. I do not dispute any of the Department's factual allegations and I hereby elect a proceeding to be conducted in accordance with section 120.57(2), Florida Statutes. In this regard I desire to (Choose one):
 - submit a written statement and documentary evidence
 - attend a hearing to be held in Tallahassee; or
 - attend a hearing by way of a telephone conference call.

3. I do dispute the Department's factual allegations. I have attached to this form a statement indicating the specific issues of fact which are disputed and other required information indicated in the Notice of Rights. I hereby request a proceeding pursuant to Sections 120.569 and 120.57(1), Florida Statutes to be held before the Division of Administrative Hearings.

DATE: _____

Signature of Petitioner

**TO PRESERVE YOUR RIGHT TO A
PROCEEDING, YOU MUST RETURN
THIS FORM WITHIN TWENTY-ONE
(21) DAYS OF RECEIPT TO THE
DEPARTMENT OF INSURANCE AT
THE ADDRESS INDICATED IN
THE NOTICE OF RIGHTS.**

Name: _____

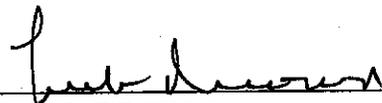
Address: _____

Phone: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Administrative Complaint has been sent by Certified Mail this 11th day of July, 2001 to:

STEVEN JACOB OLSEN
INDIVIDUALLY and as VICE PRESIDENT of
ACORDIA SOUTHEAST, INC.
501 SOUTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH, FLORIDA 33401


LUKE S. BROWN
Senior Executive Attorney
Unauthorized Entities Supervisor
Florida Department of Insurance
200 East Gaines Street, 6th Floor
Tallahassee, Florida 32399-0333
Telephone: 850/ 413-4040
Fax: 850/ 488-2632

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1530 0000 4000 0000 1391 3418

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Mr. Steven Jacob Olsen
Street, Apt. No.; or PO Box No.
501 South Flagler Dr. Ste 600
City, State, ZIP+ 4
West Palm Beach, FL 33401
PS Form 3800, May 2000 See Reverse for Instructions