

- 1 B. On August 3, September 3, and October 3, 2023, the Division provided
2 **HOMER** renewal notices informing of the impending expiration date of
3 October 17, 2023.
4
- 5 C. On October 17, 2023, **HOMER's** license expired for failure to renew.
6
- 7 D. On October 23, 2023, a renewal application was received from **HOMER**.
8 On the same day a Business Transaction Form (BTF) was requested from
9 the firm, in support of the application. Joan Ellington authorized
10 submitter for **HOMER** submitted the BTF form. Upon review of the BTF,
11 it was revealed 9 policies were sold between October 19, 2023, to October
12 22, 2023, resulting in \$3452 commission during a period when their
13 license was expired.
14
- 15 E. On the same day the Division sent correspondence to Stephanie Green as
16 Designated Responsible Licensed Producer (DRLP) for **HOMER** stating
17 the reinstatement of **HOMER's** license and authority to transact insurance
18 in the State of Alaska. In the same correspondence the Division indicated
19 **HOMER** transacted insurance business without a valid license and the
20 Division will assess civil penalties.
21
- 22 F. On February 28, 2024, the Division sent correspondence a proposed
23 settlement to **HOMER** assessing a civil penalty in the amount of \$3452
24 with \$1726 suspended. The unsuspended penalty of \$1,726 is payable to
25 the Division.
26

27 II. TERMS OF AGREEMENT
28

29 HOMER INSURANCE CENTER INC
Stipulated Agreement and Order
D24-10

1 A. Between October 19, 2023, and October 22, 2023, nine (9) total policies
2 were transacted prior to the license reinstatement date of October 23,
3 2023, and were in violation of Alaska Statute (AS) 21.27.010 which
4 subjects **HOMER** to civil penalties. AS 21.27.440(a) provides that “in
5 addition to any other penalties provided by law, a person that the director
6 determines under AS 21.06.170-21.06.240 has violated the provisions of
7 this chapter is subject to (1) a civil penalty equal to the compensation
8 promised, paid, or to be paid, directly or indirectly, to a person in regard to
9 each violation; (2) either a civil penalty of not more than \$10,000 for each
10 violation or a civil penalty of not more than \$25,000 for each violation if
11 the director determines that the person willfully violated the provisions of
12 this chapter; and (3) denial, nonrenewal, suspension, or revocation of a
13 license.” The director has the latitude to impose civil penalties against a
14 person who has violated Alaska’s insurance laws.
15
16
17

18 B. **HOMER** further agrees to pay the civil penalty in the amount of \$3452
19 for activity that occurred prior to the reinstatement of firm license with
20 \$1,726 suspended. The unsuspended portion of \$1,726 must be received
21 by the Division within 30 days of the signature finalizing this agreement.
22

23 C. In the event **HOMER** is found to have violations of the Alaska insurance
24 laws during the next two years, the suspended portion of the penalty of
25 \$1,726 referenced in section II. B. will be reinstated. **HOMER** also will
26 be subject to any and all sanctions authorized by the insurance laws
27 including imposition of additional penalties regarding any such violation.
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D. By signing this agreement, **HOMER** understands and agrees that any failure to comply with the terms of this agreement will be grounds to revoke, suspend, or non-renew Alaska license number 25632.

E. **HOMER** understands that this agreement is not binding on the parties unless and until the director signs the order approving the agreement.

DATED: 4/22/2024

DocuSigned by:
Stephanie Green
3C66968CFEE6449...
By: _____
HOMER INSURANCE CENTER INC
Licensee

Approved as to form and content:

DATED: 4/22/2024

DocuSigned by:
Susan Mitchell
E2FB472C3B174D4...
By: _____
Susan Mitchell
Assistant Attorney General

ORDER

IT IS FURTHER ORDERED that this Stipulated Agreement and Order is adopted in full resolution of the civil liability issues between the parties to this agreement in these cases and shall constitute the final order in these matters.

DATED this 22nd day of April, 2024.

DocuSigned by:
Lori Wing-Heier
A304E38011074B0...

LORI WING-HEIER, DIRECTOR
DIVISION OF INSURANCE

HOMER INSURANCE CENTER INC
Stipulated Agreement and Order
D24-10

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I hereby certify that, on the _____ day of _____, 2024, I mailed copies of the accusation to:

HOMER INSURANCE CENTER INC
509 STERLING HWY, STE 201
HOMER, ALASKA 99603
United States

Certificate Of Completion

Envelope Id: DC6F5CA5D70D44999D594E78CF01D150	Status: Completed
Subject: Complete with DocuSign: D24-10 Homer Insurance Center Inc final 04.18.24.pdf	
Source Envelope:	
Document Pages: 5	Signatures: 3
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Disabled	Kayla Erickson
Time Zone: (UTC-09:00) Alaska	PO Box 110206
	Juneau, AK 99811
	kayla.erickson@alaska.gov
	IP Address: 158.145.15.24

Record Tracking

Status: Original 4/22/2024 10:06:26 AM	Holder: Kayla Erickson kayla.erickson@alaska.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: State of Alaska	Location: DocuSign

Signer Events

Stephanie Green
sgreen@homerinscenter.com
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

3C66968CFEE6449...
Signature Adoption: Pre-selected Style
Using IP Address: 162.142.118.19

Timestamp

Sent: 4/22/2024 10:09:12 AM
Viewed: 4/22/2024 10:59:27 AM
Signed: 4/22/2024 1:22:01 PM

Electronic Record and Signature Disclosure:

Accepted: 4/22/2024 10:59:27 AM
ID: a8c85fc9-f14b-4f2b-8c69-339a20a30cf3
Company Name: State of Alaska

P. Susan Mitchell
susan.mitchell@alaska.gov
Assistant Attorney General
State of Alaska
Security Level: Email, Account Authentication (None)

DocuSigned by:

E2FB472C3B174D4...
Signature Adoption: Uploaded Signature Image
Using IP Address: 206.174.70.230
Signed using mobile

Sent: 4/22/2024 1:22:02 PM
Viewed: 4/22/2024 2:07:32 PM
Signed: 4/22/2024 2:07:54 PM

Electronic Record and Signature Disclosure:

Accepted: 4/3/2024 3:05:26 PM
ID: f04cc9be-0033-43c7-b211-85c6d9cd9bcc
Company Name: State of Alaska

Lori Wing-Heier
lori.wing-heier@alaska.gov
Director - Division of Insurance
State of Alaska
Security Level: Email, Account Authentication (None)

DocuSigned by:

A304E38011074B0...
Signature Adoption: Pre-selected Style
Using IP Address: 10.7.201.13

Sent: 4/22/2024 2:07:55 PM
Viewed: 4/22/2024 2:09:57 PM
Signed: 4/22/2024 2:10:08 PM

Electronic Record and Signature Disclosure:

Accepted: 3/6/2024 4:46:11 PM
ID: 5975a8f6-fcee-45a1-9f55-f029a46bc997
Company Name: State of Alaska

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	4/22/2024 10:09:13 AM
Certified Delivered	Security Checked	4/22/2024 2:09:57 PM
Signing Complete	Security Checked	4/22/2024 2:10:08 PM
Completed	Security Checked	4/22/2024 2:10:08 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read this Electronic Records and Signature Disclosure (ERSD). It concerns your rights regarding electronically undertaking, and the conditions under which you and the State of Alaska agree to electronically undertake, the transaction to which it relates (the “TRANSACTION”).

Consent to Electronically Undertake the TRANSACTION

You can electronically undertake the TRANSACTION only if you confirm that you meet the following requirements by selecting the box next to “I agree to use electronic records and signature” (the “AGREE BOX”):

1. you can fully access and have read this ERSD;
2. you can fully access all of the information in the other TRANSACTION records;
3. you can retain all of the TRANSACTION records in a form that you will be able to fully access for later reference;
4. you consent to undertake the TRANSACTION electronically; and
5. you are authorized to undertake the TRANSACTION. (Please note that falsely undertaking the TRANSACTION may subject you to civil liabilities and penalties and/or to criminal penalties.)

If you cannot or are not willing to confirm each of these five things, do not select the AGREE BOX.

Withdrawing Consent

If you select the AGREE BOX, you can withdraw your consent to electronically undertake the TRANSACTION at any time before you complete the TRANSACTION: simply do not finalize it. The only consequence of withdrawing your consent is that you will not finalize the TRANSACTION.

If you select the AGREE BOX, your consent will apply only to this TRANSACTION. You must separately consent to electronically undertake any other transaction with the State of Alaska.

Paper Option for Undertaking the TRANSACTION

You may undertake the TRANSACTION with the State of Alaska using paper records. (State of Alaska employees who want to undertake the TRANSACTION in paper should contact the agency responsible for the TRANSACTION.) Print the paper records on the website of the State of Alaska agency responsible for the TRANSACTION, or request them from the agency. The State of Alaska homepage is at <http://alaska.gov/>.

Copies of TRANSACTION Records

After completing the TRANSACTION but before closing your web browser, you should download the TRANSACTION records. Or you can download the records within 30 days after

completing the TRANSACTION using the link in the DocuSign email sent to the email address you used to complete the TRANSACTION. The State of Alaska will not provide a paper copy of the TRANSACTION records as part of the TRANSACTION. Under the Alaska Public Records Act (APRA), AS 40.25.100–.295, you can request a copy from the agency responsible for the TRANSACTION, but if too much time has passed, the agency may no longer have the records when you make your request. If required under the APRA, the agency will charge a fee.

Required Hardware and Software

For the minimum system requirements to electronically undertake the TRANSACTION, including accessing and thereby retaining the TRANSACTION records, visit <https://support.docusign.com/guides/signer-guide-signing-system-requirements>. These requirements may change. In addition, you need access to an email account.

How to Contact the State of Alaska

To ask a question on this ERSD or the DocuSign document generated after you complete the TRANSACTION or on using DocuSign to electronically undertake the TRANSACTION, contact the Alaska Department of Administration at either of the following addresses:

State of Alaska
Department of Administration
550 West 7th Avenue
Suite 1970
Anchorage, AK 99501
Reference: DocuSign

doa.commissioner@alaska.gov
Subject: DocuSign

To ask any other question on the TRANSACTION records or to update the information for contacting you electronically, contact the State of Alaska agency responsible for the TRANSACTION using the contact information in the TRANSACTION records or, if those records contain no contact information, using the contact information on the agency's website. Again, the State of Alaska homepage is at <http://alaska.gov/>.