

**STATE OF MICHIGAN  
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**

**Before the Director of the Department of Insurance and Financial Services**

In the matter of:

**Department of Insurance and Financial Services**

**Enforcement Case No. 13-11809  
Agency No. 14-018-L**

Petitioner,

v

**Glen Harbin**

System ID No. 0582468

Respondent.

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**Issued and entered**  
on July 8<sup>th</sup>, 2014  
**by Randall S. Gregg**  
**Deputy Director**

**FINAL DECISION**

**I. Background**

Glen Harbin (System ID No. 0582468) (hereinafter Respondent) is a licensed resident insurance producer. The Department of Insurance and Financial Services (DIFS) received information that Respondent had used dishonest practices and demonstrated untrustworthiness and financial irresponsibility in the conduct of business, intentionally misrepresented the terms of an actual or proposed insurance contract or application for insurance, and failed to respond to DIFS' inquiries regarding the allegations. After investigation and verification of the information, on November 14, 2013, DIFS issued a Notice of Opportunity to Show Compliance (NOSC) alleging that Respondent had provided justification for revocation of licensure and other sanctions pursuant to Sections 1239(1) (b), (e), (h) and 1244(1)(a-c) of the Michigan Insurance Code (Code), MCL 500.1239(1)(b), (e), (h) and 500.1244(1)(a-c). Respondent failed to reply to the Notice.

On April 3, 2014, DIFS issued and served upon Respondent an Administrative Complaint and Order for Hearing. The Order for Hearing required Respondent to take one of the following actions within 21 days: (1) agree to a resolution of the case, (2) file a response to the allegations with a statement that Respondent planned to attend the hearing, or (3) request an adjournment. Respondent failed to take any of these actions.

On June 6, 2014, DIFS' staff filed a Motion for Final Decision. Respondent did not file a reply to the motion. Given Respondent's failure to respond, Petitioner's motion is granted. The Administrative Complaint, being unchallenged, is accepted as true. Based upon the Administrative Complaint, the Director of DIFS (Director) makes the following Findings of Fact and Conclusions of Law.

## II. Findings of Fact and Conclusions of Law

1. Pursuant to Executive Order 2013-1, all authority, powers, duties, functions, and responsibilities of the Commissioner of the Office of Financial and Insurance Regulation (Commissioner) have been transferred to the Director.
2. At all relevant times, Respondent was a licensed resident insurance producer with qualifications in life and accident and health in the state of Michigan since July 19, 2011. Respondent's license is currently active. Respondent was appointed with Time Insurance Company (Assurant) on July 22, 2011, and his appointment was cancelled on September 27, 2012.
3. On or about September 7, 2012, Complainant #1 told Respondent several times that she is receiving Social Security disability income and is taking medication for her disability (the conversation was recorded). Complainant #1 did not realize that her disability precluded her from the coverage provided by Assurant. Respondent failed to ask Complainant #1 any questions regarding her condition or medication and failed to disclose the information on the insurance application. Two insurance policies, one for medical and one for dental, were issued by Assurant and Respondent was paid commission for the policies. Upon receipt of Complainant #1's complaint when her request for reimbursement was denied, Assurant terminated both policies and refunded her money.
4. On or about October 11, 2012, Complainant #2 emailed a complaint to Assurant regarding the denial of a claim under her dental insurance. The policy that Complainant #2 entered into did not provide the coverage (two free routine cleanings and x-rays per year and \$1,800 maximum for major covered claims) that Respondent had advised it would. The coverage actually only provided a \$100 credit towards routine cleanings and x-rays twice per year and a maximum of \$1,500 per year for major covered claims. She requested a full refund of premium and Assurant granted her request.
5. On or about January 11, 2013, DIFS' staff received a cancel for cause complaint from Assurant regarding Respondent and alleging "improper or unethical practices concerning policyholders including misrepresentations related to the terms of an insurance contract and applications for insurance."
6. On or about February 15, 2013, and April 3, 2013, DIFS' staff requested additional information from Assurant.

7. On or about March 21, 2013, and April 11, 2013, Assurant responded providing supporting documentation, including recordings of phone calls between the Complainants and Respondent.
8. On or about June 11, 2013, DIFS' staff sent a letter of inquiry to Respondent at his address of record. No response was received from Respondent and the mail was not returned by the U.S. Postal Service.
9. As a licensee, Respondent knew or had reason to know that Section 249(a) of the Code, MCL 500.249(a), provides that:

For the purposes of ascertaining compliance with the provisions of the insurance laws of the state or of ascertaining the business condition and practices of an insurer or proposed insurer, the commissioner, as often as he deems advisable, may initiate proceedings to examine the accounts, records, documents and transactions pertaining to:

(a) Any insurance agent, surplus line agent, general agent, adjuster, public adjuster or counselor.

10. As a licensee, Respondent knew or had reason to know that Section 1239(1)(b), (e) and (h) of the Code, MCL 500.1239(1)(b), (e) and (h), state that:

(1) In addition to any other powers under this act, the commissioner may place on probation, suspend, or revoke an insurance producer's license or may levy a civil fine under section 1244 or any combination of actions, and the commissioner shall refuse to issue a license under section 1205 or 1206a, for any 1 or more of the following causes:

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(b) Violating any insurance laws or violating any regulation, subpoena, or order of the commissioner or of another state's insurance commissioner.

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(e) Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance.

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(h) Using fraudulent, coercive, or dishonest practices or demonstrating incompetence, untrustworthiness, or financial

irresponsibility in the conduct of business in this state or elsewhere.

11. Respondent has provided justification for sanctions, pursuant to Section 1239(1)(b) of the Code, MCL 500.1239(1)(b), by failing to respond to a DIFS' inquiry pursuant to Section 249(a) of the Code, MCL 500.249(a).
12. Respondent has violated MCL 500.249(a) of the Code.
13. Respondent has provided justification for sanctions, pursuant to Section 1239(1)(e) and (h) of the Code, MCL 500.1239(1)(e) and (h), by engaging in untrustworthy activity and intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance to secure commission and by using dishonest practices and demonstrating incompetence, untrustworthiness, and financial irresponsibility in the conduct of business.
14. Based upon the actions listed above, Respondent has committed acts that provide justification for the Director to order the payment of a civil fine, and/or other licensing sanctions, including revocation of licensure.
15. On November 14, 2013, a NOSC was mailed by first class mail to Respondent at the following address on file:  
  
Mr. Glen Harbin  
  
  
No response was received.
16. A search was undertaken of the following to ascertain a correct address for Respondent:
  - a. Michigan Secretary of State database
    - i. Respondent's address of record was confirmed
17. The NOSC was resent on December 9, 2013, to Respondent's email address of record ( ). Respondent replied on December 10, 2013, by email sent from his email address of record. Respondent failed to show compliance with MCL 500.1239(1)(e) and (h). However, because Respondent had not had any other complaints, DIFS' staff agreed to offer Respondent a proposed Settlement Agreement.
18. On January 24, 2014, a proposed Settlement Agreement was mailed to Respondent at his address of record. No response was received. DIFS' staff subsequently placed multiple calls to Respondent and left reminder messages on his voicemail. No response was received.

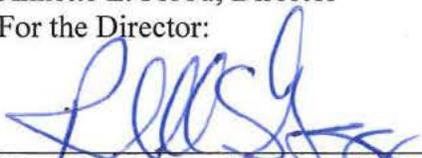
19. On March 17, 2014, DIFS' staff sent an email to Respondent's email address of record reminding him that the signed Settlement Agreement had not been received and requesting an immediate response. No response was received.
20. On April 3, 2014, true copies of an Administrative Complaint, Order for Hearing and Notice of Hearing were mailed by first class mail to Respondent at the following address of record on file with DIFS:  
  
Mr. Glen Harbin
21. DIFS' staff searched other databases for alternative addresses. No new information was found.
22. DIFS has not received a response from the Respondent.
23. DIFS' staff has made reasonable efforts to serve Respondent and has complied with MCL 500.1238(2) and R 500.2107(4).
24. Respondent has received notice and has been given an opportunity to respond and appear and has not responded or appeared.
25. Respondent is in default and the Petitioner is entitled to have all allegations accepted as true.

### III. Order

Based upon the Respondent's conduct and the applicable law cited above, it is ordered that:

1. Respondent shall cease and desist from violating the Code.
2. Respondent shall immediately cease and desist from engaging in the business of insurance.
3. Pursuant to MCL 500.249 and MCL 500.1239(1)(b), (e), and (h), Respondent's resident insurance producer license ( System ID No. 0582468) is **REVOKED**.

Annette E. Flood, Director  
For the Director:

  
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Randall S. Gregg, Deputy Director