



Michael Preston
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

Sent by Certified Mail, Parcel No. 7019 0140 0000 8606 1333

September 8, 2021

JASON FINKE
NPN18975612
2716 CONCH HOLLOW DR
BRANDON, FL 33511

NOTICE OF HEARING

Dear Mr. Finke:

You are hereby notified that an administrative hearing has been scheduled pursuant to Ark. Code Ann. §§ 23-61-303 and 23-64-216(e), and other applicable provisions of Arkansas law, before Insurance Commissioner Alan McClain, as Hearing Officer, or his designee, on October 14, 2021, at 11:00 AM CST in the 2nd Floor Diamond Mine Hearing Room, Arkansas Insurance Department ("Department"), 1 Commerce Way, Little Rock, Arkansas, 72202. The purpose of this hearing is to consider the allegations included in this notice.

- 1) The Respondent is a resident of Florida and holds an active Arkansas non-resident producer license.
- 2) The Respondent's appointment with USAA was terminated for cause in April of 2021.
- 3) The Respondent has failed to respond to a written inquiry from the Department. The Respondent's actions are a violation of Ark. Code Ann. § 23-64-512(a).
- 4) The Respondent has failed to update his business address. The Respondent's actions are a violation of Ark. Code Ann. § 23-64-507(f).

You have the right to represent yourself or be represented by counsel of your own choosing at this proceeding. Additionally, the Commissioner will obtain a competent reporter to record the hearing. You may avail yourself of other privileges, including the Department's assistance to subpoena any needed witnesses or records.

Your verbal or written notification that you have received this notice of hearing must be received in this office within ten (10) days of your receipt. If your notification is not received by the Department within ten (10) days, any and all expenses incurred by the Department in continuing the hearing or in notification of witnesses, including but not limited to, phone calls, issuance of subpoenas and postage, will be charged to the party or parties requesting such continuance. If you or your attorney determines that a continuance is necessary, or you have questions or concerns, please contact me at (501) 371-2820.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gray Turner". The signature is fluid and cursive, with the first name "Gray" and the last name "Turner" clearly distinguishable.

Gray Allen Turner
Associate Counsel, Legal Division
Arkansas Insurance Division
1 Commerce Way
Little Rock AR 72202
Gray.turner@Arkansas.gov