

STATE OF CONNECTICUT
INSURANCE DEPARTMENT

-----X
IN THE MATTER OF:
:
:
RANDALL GLADING : Docket No. FC 17-124
:
Respondent :
:
-----X

ORDER FOR DEFAULT JUDGMENT AND ORDER OF REVOCATION

The Insurance Commissioner, hereinafter referred to as "Commissioner", is charged with the administration and enforcement of the insurance laws and regulations that pertain to licensees of the Insurance Department pursuant to Connecticut General Statutes Section 38a-8.

Section 38a-774 of the Connecticut General Statutes provides in part that:

The commissioner, after reasonable notice to and hearing of any holder of a license issued by the commissioner, may suspend or revoke the license for cause shown. In addition to or in lieu of suspension or revocation, the commissioner may impose a fine not to exceed five thousand dollars.

The Commissioner has conducted an investigation of the activities of the above captioned Respondent and as a result of that investigation issued a Complaint dated December 6, 2017, a copy of which is attached hereto as Exhibit A, alleging cause to suspend or revoke licenses issued by the Commissioner, or in addition to or in lieu thereof impose a fine.

Section 38a-8-61 of the Regulations of Connecticut State Agencies provides that:

The respondent in any enforcement proceeding shall file an answer with the Commissioner within twenty (20) days of service of the notice of hearing specifically admitting or denying the allegations or charges set out in the notice. Factual allegations not specifically denied shall be deemed to be admitted.

Section 38a-8-62 of the Regulations of Connecticut State Agencies provides that:

In any proceeding when the Respondent fails to file an answer as required by Section 38a-8-61 of these Regulations or fails to appear at a duly noticed hearing,

the Commissioner may, in his discretion, note such failure upon the record and render a decision by default.

IN ACCORDANCE WITH THE FOREGOING:

I FIND, in light of the foregoing, that a Complaint and Notice of Hearing was sent on or about December 6, 2017 to the Respondent, by regular first-class mail and by certified mail, Number 7016 0910 0000 4320 4517, with the proper postage at the following address:

Randall Glading
P.O. Box 423
Waccabuc, NY 10597

Evidence of mailing of Certified Mail, Article Number 7016 0910 0000 4320 4517, sent to Respondent at P.O. Box 423, Waccabuc, NY 10597 on December 6, 2017 is attached as Exhibit B. Certified Mail Article Numbers 7016 0910 0000 4320 4517 was received by the Respondent on December 11, 2017, see Exhibit C. The Complaint and Notice of Hearing sent by first-class mail to the Respondent was not returned to the Department.

As of this date, the Department has not received any answer to the Complaint from the Respondent.

The address stated above is the address filed with this Department by the Respondent, who is required by law to report any change of address within thirty days. From the date of this order, the Complaint and Notice of Hearing was mailed to the Respondent 49 days ago. Accordingly, I find that the Respondent received service and reasonable notice of the Complaint in accordance with the Regulations of Connecticut State Agencies, Sections 38a-8-18 and 38a-8-59 et seq.

I FURTHER FIND that the Respondent did not file an answer within the time period required in accordance with the Regulations of Connecticut State Agencies, Section 38a-8-61, nor did he appear at the scheduled hearing. Accordingly, all of the allegations as set forth in the Complaint, attached hereto, are hereby deemed admitted.

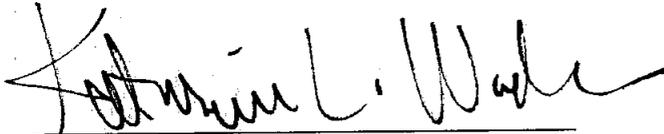
IT IS HEREBY ORDERED, in accordance with the above findings and pursuant to Section 38a-8-61 of the Regulations of Connecticut State Agencies, that:

1. A decision by default enters against the Respondent, Randall Glading.
2. That all licenses issued to the Respondent pursuant to Sections 38a-702f and 38a-769 of the Connecticut General Statutes, are hereby revoked and the Hearing originally scheduled for January 4, 2018 is cancelled.

3. That pursuant to Section 38a-8-63 of the Regulations of Connecticut State Agencies:

A respondent may move to reopen any decision rendered by default within sixty (60) days of the entry thereof. The motion shall be in writing and shall state the reasons for the failure of the respondent to answer or appear. If a default was entered for failure of the respondent to file an answer, the respondent shall submit said answer with the motion to reopen. If good cause appears for the failure of the respondent to answer or appear, the Commissioner may grant said motion and shall schedule the hearing at the earliest date convenient to the Commissioner.

So ordered this 24 day of January 2018



Katharine L. Wade
Katharine L. Wade
Insurance Commissioner



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

CONNECTICUT INSURANCE DEPARTMENT

EXHIBIT A

IN THE MATTER OF
RANDALL GLADING
Respondent
DOCKET NO.: FC 17-124

COMPLAINT

The Insurance Commissioner of the State of Connecticut having reason to believe that Randall Glading engaged in acts of conduct as set forth herein and which, if true, would violate Sections 38a-702k, 38a-769, 38a-771, 38a-815 and 38a-816 of the Connecticut General Statutes and would constitute cause under Sections 38a-702k, 38a-774 and 38a-817 of the Connecticut General Statutes for the revocation or suspension of licenses issued by the Insurance Department and/or the imposition of fines and other penalties, and it appearing to the Insurance Commissioner that a proceeding in respect thereof would be in the public interest, hereby issues this Complaint alleging the charges in that regard as follows:

COUNT I

- 1. Randall Glading, hereinafter referred to as the Respondent, is a nonresident insurance producer, license number 002475309, of the State of Connecticut Insurance Department, hereinafter referred to as "Department".
2. On or about August 2016 a Connecticut resident, [redacted] electronically applied to Bankers Life and Casualty Company ("Bankers Life") for a Graded Death Benefit Life Insurance Policy with a \$7,500.00 Ultimate Death Benefit through the Respondent.
3. As a result Bankers Life issued a policy for [redacted] policy number [redacted] ("RL Policy"), effective August 8, 2016.
4. The premium for the RL Policy was set up to be paid in the amount of \$103.43 by automatic bank draft from [redacted] bank account on the 10th day of each month.
5. On October 25, 2016, Bankers Life received a request to cancel the RL Policy under the policy's free look provision.

6. Under the policy's free look provision, [REDACTED] had 30 days to request that the policy be cancelled if he was not completely satisfied.
7. Bankers Life Records indicated [REDACTED] policy was sent to the Respondent's office for delivery on August 9, 2016.
8. Respondent did not deliver the RL Policy to [REDACTED] until October 17, 2016, as evidenced by a signed policy delivery receipt, thereby preventing [REDACTED] from being able to exercise his right to cancel the policy within the 30 day free look period.
9. Respondent is no longer with Banker's Life.
10. Subsequently Banker's Life voided the RL Policy as requested by [REDACTED] notwithstanding the expiration of the free look period and issued a \$310.29 check refunding the premiums paid.
11. The Respondent attempted to avoid the free look provision by intentionally delivering the RL Policy to [REDACTED] much later after the policy had been issued in order to retain his commission from the sale of the RL Policy.
12. Having received requests by the Department's Consumer Affairs Division, which was attempting to address and resolve the matter on behalf of [REDACTED], the Respondent failed to respond or assist the Department by providing the information requested.
13. The conduct as described above, if true, is in violation of Sections 38a-702k, 38a-815, 38a-818 and 38a-769 of the Connecticut General Statutes and constitutes cause pursuant to Sections 38a-702k, 38a-774 and 38a-817 of the Connecticut General Statutes for the suspension or revocation of insurance licenses and/or for the imposition of fines.

COUNT II

1. Paragraph one of Count I is incorporated in and made paragraph one of this Count.
2. On or about October 18, 2017, the Department sent a letter to the Respondent requesting information concerning Respondent's handling of the issues set out in Count I of this Complaint. Such letter was mailed by regular first-class mail and Certified Mail, Number 70160910000043204487, to Respondent's addresses then on file with the Department.

3. Certified Mail, Number 70160910000043204487, sent to Respondent at P.O. Box 423, Waccabuc, NY 10597, was received by the Respondent on October 25, 2017.
4. Respondent failed to comply with the Department's request conveyed through the October 18, 2017 correspondence.
5. The conduct of Respondent, as set forth in paragraphs 1 through 4 of this Count, is in violation of Sections 38a-16 and 38a-769 of the Connecticut General Statutes, and constitutes cause for revocation or suspension of Respondent's licenses and/or the imposition of fines pursuant to Section 38a-774.

NOTICE

Notice is hereby given to you, Randall Glading, Respondent herein, that January 4, 2018 at 10:00am is hereby fixed as the time where a public hearing will be held in the offices of the Insurance Department, 153 Market Street ("960 Main" Building), 7th Floor, Hartford, Connecticut on the charges set forth in this Complaint, at which time and place you will have the right to appear before the undersigned, or a duly designated hearing officer, to show cause why your license(s) should not be suspended or revoked and/or why fine(s) should not be imposed.

The legal authority and jurisdiction for the hearing in this matter are contained in Section 38a-769, 38a-774, 38a-817, 4-177, 4-182 and 4-183 of the Connecticut General Statutes.

Pursuant to Section 38a-8-61 of the Regulations of Connecticut State Agencies, you are required to file an answer within the Insurance Department within twenty (20) days of service of this Complaint specifically admitting or denying the allegations or charges set out in the Complaint. Factual allegations not specifically denied shall be deemed to be admitted.

Failure to file said answer as required by Section 38a-8-61, R.C.S.A., or failure to appear at the time and place fixed for hearing will permit the Commissioner, at her discretion, to note such failure upon the record and render a decision by default.

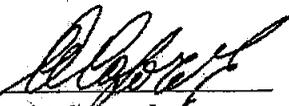
If you desire to waive hearing on the allegations of fact set forth in the Complaint and not contest the facts alleged, please file with the Insurance Department an answer to this complaint on or before the twentieth (20th) day after service of it upon you, consisting of a statement that you as Respondent in this matter admit all of the material allegations of fact charged in the Complaint to be true.

The Insurance Department does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities, in accordance with Title II of the Americans with Disabilities Act of 1990. Individuals who require auxiliary aids for effective communication or other accommodation are invited to make their needs and preferences known to Patricia Tiberio, ADA Coordinator, at the Insurance Department (Tel: 860.297.3800).

All correspondence concerning this matter should be sent to the Insurance Department, State of Connecticut, P. O. Box 816, Hartford, CT 06142-0816.

Dated at Hartford, Connecticut this 6th day of December, 2017.

Katharine L. Wade
Insurance Commissioner

By 
Antonio Caporale
Counsel

**CONNECTICUT INSURANCE
DEPARTMENT**

EXHIBIT 13



Richard Reid
Fraud & Investigations
STATE OF CONNECTICUT
Insurance Department
P.O. Box 816
Hartford, CT 06142-0816

CERTIFIED MAIL®



7016 0910 0000 4320 4517

12/6/2017

Randall Glading
P.O. Box 423
Waccabuc, NY 10597

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Randall Glading P.O. Box 423 Waccabuc, NY 10597</p>		<p>B. Received by (Printed Name) _____</p>	<p>C. Date of Delivery _____</p>
<p>2. Article Number (Transfer from service label) _____</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7016 0910 0000 4320 4517</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

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OFFICIAL USE

7016 0910 0000 4320 4517

Certified Mail Fee	\$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage	\$ _____	
Total Postage	\$ _____	
Sent To	Randall Glading	
Street and A	P.O. Box 423	
City, State, Z	Waccabuc, NY 10597	
PS Form 3800, April 2015 PSN 7530-02-000-9047		SEE REVERSE FOR INSTRUCTIONS

102595-02-M-1540

CONNECTICUT INSURANCE
DEPARTMENT

EXHIBIT C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature: <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>RANDALL GLADING</i>	C. Date of Delivery <i>DEC 1</i>
Randall Glading P.O. Box 423 Waccabuc, NY 10597		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7016 0910 0000 4320 4517	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

WESTCHESTER

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11 DEC 17

PM 11



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Richard Reid

STATE OF CONNECTICUT
INSURANCE DEPARTMENT
P.O. BOX 816
HARTFORD, CT 06142-0816

