



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

-----X
IN THE MATTER OF:
REGINALD JUDE BAZILE
Respondent
Docket No. FC 18-78
-----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 September 27, 2018, 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 September 27, 2018 to the Respondent, by regular first-class mail and by certified mail, Number 7016 0910 0000 4320 4890, with the proper postage at the following address:

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

Evidence of mailing of Certified Mail, Article Number 7016 0910 0000 4320 4890, sent to Respondent at 37 Cliff Drive, Avon, CT 06001 on September 27, 2018 is attached as Exhibit B. Certified Mail, Article Numbers 7016 0910 0000 4320 4890 was returned to the Department as undeliverable, see Exhibit C. The Complaint and Notice of Hearing sent by first-class mail to the Respondent was also returned to the Department as undeliverable, see Exhibit C.

As of this date, the Department has not received any answer to the Complaint from the Respondent, nor has the Respondent appeared at the scheduled hearing.

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 34 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 for the scheduled hearing. Accordingly, all of the allegations as set forth in the Complaint, attached hereto, are hereby deemed admitted.

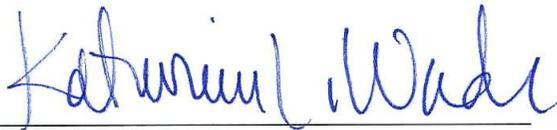
IT IS HEREBY ORDERED, in accordance with the above findings and pursuant to Section 38a-8-61 of the Regulations of Connecticut State Agencies, that:

1. A decision by default enters against the Respondent, Reginald Jude Bazile.
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 October 30, 2018 is cancelled.

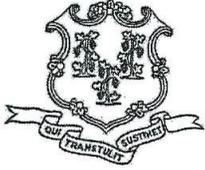
3. That pursuant to Section 38a-8-63 of the Regulations of Connecticut State Agencies:

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 31 day of October 2018



Katharine L. Wade
Katharine L. Wade
Insurance Commissioner



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

CONNECTICUT INSURANCE DEPARTMENT

EXHIBIT A

IN THE MATTER OF)
REGINALD JUDE BAZILE)
Respondent)

DOCKET NO.: FC 18-78

COMPLAINT

The Insurance Commissioner of the State of Connecticut having reason to believe that Reginald Jude Bazile 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. Reginald Jude Bazile, hereinafter referred to as the Respondent, is licensed as an insurance producer, license number 001069205, by the State of Connecticut Insurance Department, hereinafter referred to as Department.
2. On or about December 9, 2017, an American Memorial Life Insurance Company ("American Memorial") policy ("Policy") was issued on the life of a year old Connecticut resident, upon application submitted by the Respondent.
3. The Policy is a whole life product that has a twenty-five thousand dollar face value and a \$204.82 monthly premium.
4. On or about January 09, 2018, the Policy's initial premium payment was to be paid via an electronic funds transfer from Webster Bank, checking account which on the Policy application was listed as a bank account belonging to
5. American Memorial sent a copy of the policy to

6. [REDACTED] contacted American Memorial after receiving the correspondence referenced in paragraph 5 above.
7. [REDACTED] disputed the legitimacy of the twenty-five thousand dollar whole life policy in his name for the following reasons:
 - [REDACTED] has only purchased a Lincoln Heritage Life Insurance Company policy from the Respondent and has purchased no other policy since, or authorized anyone to purchase a policy on his behalf.
 - On the Policy's application, the Respondent represented that [REDACTED] phone number is [REDACTED] and his physician is [REDACTED], phone number [REDACTED]. This information is inaccurate and untrue.
 - The Policy was applied for around the end of 2017 without [REDACTED] knowledge.
 - [REDACTED] stated that he believes that Respondent would have his bank account information because he provided it to the Respondent when he applied for the Lincoln Heritage policy.
 - [REDACTED] stated, after receiving the Policy by mail, the Respondent called him to apologize for taking the policy out without permission.
8. The Department further alleges that the Respondent submitted an additional application for a policy to American Memorial for Connecticut resident [REDACTED] without the applicant's knowledge or consent.
9. The conduct as described above, if true, is in violation of Sections 38a-702k, 38a-816 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 September 7, 2018, the Department sent a letter to the Respondent requesting information concerning Respondent's handling of the issues set out in Count I. Such letter was mailed by regular first-class mail and Certified Mail,

Number 70160910000043204838, to Respondent's addresses then on file with the Department. Certified Mail, Number 70160910000043204838, was sent to Respondent at 37 Cliff Drive, Avon, CT 06001.

3. The Respondent failed to comply with the Department's September 7, 2018 correspondence.
4. The conduct of Respondent, as set forth in paragraphs 1 through 3 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, Reginald Jude Bazile, Respondent herein, that October 30, 2018, at 10:00 am 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 Amended Complaint specifically admitting or denying the allegations or charges set out in the Amended 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 the 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 27th day of September, 2018.

Katharine L. Wade
Insurance Commissioner

By 
Antonio Caporale
Counsel

Richard Reid
Fraud & Investigations

CONNECTICUT INSURANCE
DEPARTMENT

CERTIFIED MAIL



7016 0910 0000 4320 4890

STATE OF CONNECTICUT
INSURANCE DEPARTMENT
PO BOX 816
HARTFORD CT 06142-0816

EXHIBIT B

Return Receipt Requested
Showing Address
Where Delivered

9/27/2018

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

Total Postage and

Sent To

Street and Apt. No.

City, State, ZIP+4

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

2. Article Number

(Transfer from service label)

7016 0910 0000 4320 4890

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

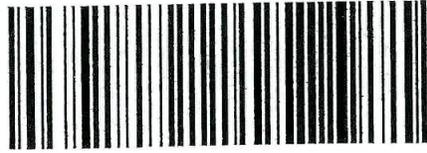
4. Restricted Delivery? (Extra Fee)

Yes

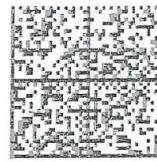
7016 0910 0000 4320 4890

CERTIFIED MAIL

FRAUD



7016 0910 0000 4320 4890



U.S. POSTAGE PITNEY BOWL & POSTAGE



ZIP 06103 \$ 007.41⁰
02 1W
0001391960 SEP 27 2018

Receipt Requested
Following Address
Where Delivered

JTF

10/12

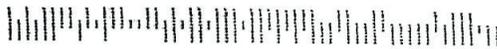
Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

CONNECTICUT INSURANCE
DEPARTMENT

EXHIBIT C

NIXIE 061 DE 1 0010/21/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

2. Article Number
(Transfer from service label)

7016 0910 0000 4320 4890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

STATE OF CT
INSURANCE D
P.O. B
HARTFORD, C

EC: 00142081916 0000N276194-01637

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

NIXIE 061 7E 1 8610/03/18



ZIP 06103
02 1W
0001391960

Reginald Jude Bazile
37 Cliff Drive
Avon, CT 06001

