

TESTING  
 Producer – Individual License Application – Java Desktop App  
 7/21/2004

Entered demographic data

Some fields need to be larger, digits are getting cut off.

Application# 17 NP#   New  Amend Lic#   
 Reinstate Lic#   
 SSN 576 74 749 CRD  Fin. Inst./Bank affiliated?  Yes  No  
 Last Name HAWKINS Jr/Sr. etc  First Name VALERIE  
 Middle Name F DOB(MM/DD/YYYY) 8 / 7 / 1956  
 Residence/Home Address 5789 Apricot Court  
 City Sun Valley State NV Zip Code 89433 Country United States  
 Home Phone Number (775)673-9322 Gender  Male  Female  
 Are you a Citizen of the United States?  Yes (If No, of which country are you a citizen) United States  
 No (If No, you must supply work authorization)  
 Business Name The Hartford  
 Business Address 5190 Neil Road P.O. Box   
 City Reno State NV Zip Code 89502 Country United States  
 Business Phone Number (610)530-1068 Business Fax Number (610)530-1008  
 Business E-Mail Addr e.hawkins@thehartford.com Business Web Site Addr   
 Residence address and mailing address are the same  
 Mailing Address  P.O. Box   
 City  State  Zip Code  -  Country United States

On 'Next' –  
 No assumed names or agency affiliations

**Assumed Business Name/Trade Name**

**List Your Insurance Agency Affiliations: (Only for being licensed as an active member of the bus. entity)**

Fein #:	NP#:	Name of Agency:
Fein #:	NP#:	Name of Agency:
Fein #:	NP#:	Name of Agency:
Fein #:	NP#:	Name of Agency:

Entries Check Results  
 No agency affiliation (30,30a)

Entered LOA and Background Information:

**Lines of Authority**

Variable Life / Variable Ann...  Accident & Health or Sickne...  
 Life  Property / Casualty

**Background Information**

1. Felony / Misdemeanor ?  Yes  No  
 2. Administrative Proceeding ?  Yes  No  
 3. Judgment for Overdue Monies ?  Yes  No  
 4. Delinquent Tax Obligation ?  Yes  No  
 5. Misrepresentation or Breach ?  Yes  No  
 6. You or Business Terminated for any Misconduct ?  Yes  No  
 7. Child Support Arrearage ?  Yes  No  
 8. Child Support Subpoena or Warrant ?  Yes  No

On 'Next'

Entered signature info and checked entries...

**Applicants Certification and Attestation**

Is Applicant Signed ?  Yes  No

Signature Date: 6 / 11 / 2004  No Date

**Entries Check Results:**

No agency affiliation (30,30a)

Forward < Previous Next > Check Entries Cancel

On 'Next', license attachment screen, added a cert letter:

Still need to accommodate multiple authorities

(the states are back!)

**Letter of Certification**

No Attachment  Original

Date: 5 / 21 / 2004

Doc ID: 3816924 Pages: 7 - 7

LOA: Property

Class: Producer (D )

State: NV

OK Cancel

Checked entries (no problems) and went to Error Summary screen, no errors to choose.

On "Submit/Next" got this message:

**Error**

Inserting Data Error - License\_names

OK

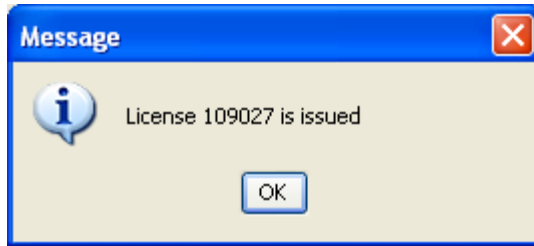
Went back and entered producer's name as an Assumed Name:

**Individual Standard Lines Producer License**

**Assumed Business Name/Trade Name**

Valerie Hawkins

On "Submit/Next" -



Pulled up license with Inquiry tool. Some fields need widening.

Didn't pick up citizenship info or Business Name

The screenshot shows a web-based form titled "1 Individual Returned" for Valerie F. Hawkins. The form is divided into several sections with various input fields, dropdown menus, and checkboxes. Some fields are highlighted with yellow boxes and arrows pointing to them from external text.

Name	Lic Status	Lic Type	Lic #	SSN	Address	City	...
HAWKINS, VALERIE F.	Print Ne...	Producer	000109027	576-74-...	5789 Apr...	Sun Valley	NV

**Demographics:** App # [ ] Lic # 000109027 NP# [ ] SSN 576 74 749

**Lic Date:** 7 / 21 / 2004 License Status: Print New License

**Cancel Date:** [ ] / [ ] / [ ] Cancel Reason: [ ]

**Suspend Date:** [ ] / [ ] / [ ] Suspend Reason: [ ]

**CE Status:** [ ] Market Conduct Action: [ ]

**Last Name:** HAWKINS **Jr./Sr. etc:** [ ] **First Name:** VALERIE **Middle Name:** F **DOB (MM/DD/YYYY):** 8 / 7 / 1956

**Residence/Home Address:** 5789 Apricot Court **P.O. Box:** [ ] **City:** Sun Valley **State:** NV **Zip Code:** 89433

**Home Phone Number:** (775) 673 - 9322 **Gender:**  Male  Female **United States Citizenship:**  Yes  No (If No, of which country are you a citizen) (If No, you must supply work authorization)

**Business Name:** [ ]

**Business Address:** 5190 Neil Road **P.O. Box:** [ ] **City:** Reno **State:** NV **Zip Code:** 89502

**Business Phone Number:** (610) 530 - 1068 **Business Fax Number:** (610) 530 - 1006 **Business E-Mail Addr:** awkins@thehartford.com **Business Web Site Addr:** [ ]

**Mailing Address:** 5789 Apricot Court **P.O. Box:** [ ] **City:** Sun Valley **State:** NV **Zip Code:** 89433

Buttons: Generate Report, Close

Testing  
 Producer Business Entity  
 9/28/04

Pre-existing license

License ...	Class	Status	Cancel Date	Authority(ies)
2223718	Producer	A		Life, Health, Property, Casualty, Variable Annuities,...

Select Close

Double clicking populates fields:

Only Duplicate is active

Application # 45  New  Amend Lic# 2223718  
 Duplicate  Reinstale Lic#

Business Name MJM BENEFITS, INC

Incorp.(MM/DD/YYYY) 5 / 7 / 2004 Tax ID # 201219554

Dbra  Add Remove

NP# 0 CRD#  Financial institution  Yes  No

Business Address 25 ROCKWOOD PLACE Address 2

City ENGLEWOOD State NJ Zip 07631 - 0000 Country United States

If you select Duplicate, you can't change it back to Amend (or any other choice)

Application # 45  New  Amend Lic# 2223718  
 Duplicate  Reinstale Lic#

Business Name MJM BENEFITS, INC

Officer fields are pre-filled:

Only first names showing (unless Michael and Derek are kind of like Cher or Madonna)

Designated/Responsible Parties Owners, Partners, Officers and Directors

CT. Lic#	SSN	Name
1048376	151 60 4758	MICHAEL
1063412	154 82 7503	DEREK
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entries Check Results:

Forward < Previous Next > Check Entries Cancel

On 'Check Entries' the full names fill in

LOA/Background info pre-filled.

Business Type and Question 7 not pre-filled

**Lines of Authority**

Life  Accident & Health or Sickness  Personal Lines  
 Variable Contracts.  Property / Casualty  Credit  
 Travel  Other

**Business Type**

Corporation  Sole Proprietorship  Limited Liability Partnership  
 Partnership  Limited Company

**Background Information**

1. Felony / Misdemeanor ?  Yes  No  
2. Administrative Proceeding ?  Yes  No  
3. Bankruptcy ?  Yes  No  
4. Delinquent Tax Obligation ?  Yes  No  
5. Liable for Fraud, Misappropriation, Misrepresentation or Breach ?  Yes  No  
6. Contract Terminated for any Misconduct ?  Yes  No  
7. Affiliated with Bank or Institution?  Yes  No

**Forward** **< Previous** **Next >** **Cancel**

Filled in Business Type and answer to Question 7  
Removed Variable Authority.

**Lines of Authority**

Life  Accident & Health or Sickness  Personal Lines  
 Variable Authority.  Property / Casualty  Credit  
 Travel  Other

**Business Type**

Corporation  Sole Proprietorship  Limited Liability Partnership  
 Partnership  Limited Company

**Background Information**

1. Felony / Misdemeanor ?  Yes  No  
2. Administrative Proceeding ?  Yes  No  
3. Bankruptcy ?  Yes  No  
4. Delinquent Tax Obligation ?  Yes  No  
5. Liable for Fraud, Misappropriation, Misrepresentation or Breach ?  Yes  No  
6. Contract Terminated for any Misconduct ?  Yes  No  
7. Affiliated with Bank or Institution?  Yes  No

Finished processing application with no errors

Got licensed issued message  
(probably should say licensed amended in this case)

Variable authority still showing on LOA tab in Inquiry Tool.

**1 Business Entity Returned**

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
MJM BENEFITS, INC	Print New License	Producer	002223718	25 ROC...	ENGLE...	NJ	20-1...

Demographics Apts **LOA** Activity Log Invoice Documents Officers Complaints Convictions Output

Life  Bail Bonds  
 Accident & Health  Rental Car Permits  
 Property  Travel  
 Casualty  CA All  
 Variable Annuities  CA WC Only  
 Variable Life  CA ALL except WC  
 Credit Product  CA Auto Only  
 Personal Lines  Auto Physical Damage  
 Viaticals  Premium Finance  
 Surplus Lines  Utilization

**Restrictions**

License # 002223718  
TIN Type O  
TIN 20-1219554  
License Date Sep 28, 2004  
Original Date Sep 28, 2004  
Reinstate Date  
Amendment Date  
Cancel Date  
Cancel Reason

**Generate Report** **Close**

Testing  
 Producer Business Entity  
 9/28/04

Pre-existing license

License ...	Class	Status	Cancel Date	Authority(ies)
2223718	Producer	A		Life, Health, Property, Casualty, Variable Annuities,...

Select Close

Double clicking populates fields:

Only Duplicate is active

Application # 45  New  Amend Lic# 2223718  
 Duplicate  Reinstale Lic#

Business Name MJM BENEFITS, INC

Incorp.(MM/DD/YYYY) 5 / 7 / 2004 Tax ID # 201219554

Dbas Add Remove

NP# 0 CRD# Financial institution  Yes  No

Business Address 25 ROCKWOOD PLACE Address 2

City ENGLEWOOD State NJ Zip 07631 - 0000 Country United States

If you select Duplicate, you can't change it back to Amend (or any other choice)

Application # 45  New  Amend Lic# 2223718  
 Duplicate  Reinstale Lic#

Business Name MJM BENEFITS, INC

Officer fields are pre-filled:

Only first names showing (unless Michael and Derek are kind of like Cher or Madonna)

Designated/Responsible Parties Owners, Partners, Officers and Directors

CT. Lic#	SSN	Name
1048376	151 60 4758	MICHAEL
1063412	154 82 7503	DEREK

Entries Check Results:

Forward < Previous Next > Check Entries Cancel

On 'Check Entries' the full names fill in

LOA/Background info pre-filled.

Business Type and Question 7 not pre-filled

**Lines of Authority**

Life  Accident & Health or Sickness  Personal Lines  
 Variable Contracts.  Property / Casualty  Credit  
 Travel  Other

**Business Type**

Corporation  Sole Proprietorship  Limited Liability Partnership  
 Partnership  Limited Company

**Background Information**

1. Felony / Misdemeanor ?  Yes  No  
2. Administrative Proceeding ?  Yes  No  
3. Bankruptcy ?  Yes  No  
4. Delinquent Tax Obligation ?  Yes  No  
5. Liable for Fraud, Misappropriation, Misrepresentation or Breach ?  Yes  No  
6. Contract Terminated for any Misconduct ?  Yes  No  
7. Affiliated with Bank or Institution?  Yes  No

**Forward** **< Previous** **Next >** **Cancel**

Filled in Business Type and answer to Question 7  
Removed Variable Authority.

**Lines of Authority**

Life  Accident & Health or Sickness  Personal Lines  
 Variable Authority.  Property / Casualty  Credit  
 Travel  Other

**Business Type**

Corporation  Sole Proprietorship  Limited Liability Partnership  
 Partnership  Limited Company

**Background Information**

1. Felony / Misdemeanor ?  Yes  No  
2. Administrative Proceeding ?  Yes  No  
3. Bankruptcy ?  Yes  No  
4. Delinquent Tax Obligation ?  Yes  No  
5. Liable for Fraud, Misappropriation, Misrepresentation or Breach ?  Yes  No  
6. Contract Terminated for any Misconduct ?  Yes  No  
7. Affiliated with Bank or Institution?  Yes  No

Finished processing application with no errors

Got licensed issued message  
(probably should say licensed amended in this case)

Variable authority still showing on LOA tab in Inquiry Tool.

**1 Business Entity Returned**

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
MJM BENEFITS, INC	Print New License	Producer	002223718	25 ROC...	ENGLE...	NJ	20-1...

Demographics Appts **LOA** Activity Log Invoice Documents Officers Complaints Convictions Output

Life  Bail Bonds  
 Accident & Health  Rental Car Permits  
 Property  Travel  
 Casualty  CA All  
 Variable Annuities  CA WC Only  
 Variable Life  CA ALL except WC  
 Credit Product  CA Auto Only  
 Personal Lines  Auto Physical Damage  
 Viaticals  Premium Finance  
 Surplus Lines  Utilization

**Restrictions**

License # 002223718  
TIN Type O  
TIN 20-1219554  
License Date Sep 28, 2004  
Original Date Sep 28, 2004  
Reinstate Date  
Amendment Date  
Cancel Date  
Cancel Reason

**Generate Report** **Close**

Testing  
Reject Letter  
License Application  
12/1/04

Processed producer application.

Selected reject reasons

The 'Error Summary' window has two tabs: 'Error Summary' and 'Supplement'. It is divided into four quadrants:

- All Application Errors:** A list box containing three error messages: 'A business address must include either a physical ad', 'A valid Date of Birth must be provided.', and 'No Line of Authority was selected. Please indicate w'. Below the list box are 'Add >' and '< Remove' buttons.
- Actual Application Errors:** A list box containing two error messages: 'A valid Date of Birth must be provided.' and 'No Line of Authority was selected. Please indicate was lin'. Below the list box are 'Add >' and '< Remove' buttons.
- All Attachment Errors:** A list box containing two error messages: 'LC: Must attach home state Letter of Certification' and 'LC: Insufficient Authority on Cert Letter'. Below the list box are 'Add >' and '< Remove' buttons.
- Actual Attachment Errors:** A list box containing one error message: 'LC: Must attach home state Letter of Certification'. Below the list box are 'Add >' and '< Remove' buttons.

At the bottom of the window, there are checkboxes for 'Forward' and 'Pend', and buttons for '< Previous', 'Submit/Next', 'Submit/Close', and 'Cancel'.

On 'Submit Close' reject letter window comes up:

The 'Print Reject Letter' window displays the following information:

- Name:** mcvay michael d
- Application No.:** 205
- Address:** Address 1: 4001 Fannin Street; Address 2: #4737
- City:** Houston; **State:** TX; **Postal Code:** 77004; **Telephone:** [field] x [field]
- Fax:** [field]; **Cell Phone/Pager:** [field]; **Email:** [field]; **Country:** US
- Reject Reason:** A valid Date of Birth must be provided.  
No Line of Authority was selected. Please indicate was lines of authority are wanted  
LC: Must attach home state Letter of Certification

Buttons for 'Ok' and 'Cancel' are at the bottom.

Edited name with capitals:

The 'Print Reject Letter' window shows the name field updated to 'McVay Michael C'.

On 'OK' window closes, Microsoft Word did not open with the reject letter.



Testing  
License Cancel  
12/1/04

Searched on name:

Chose cancelled license:

Lic #	Last Name	First Name	M.I.	Suffix	Lic Class	Lic Stat...	Cancel ...
272140	FISCHMAN	NOAH			D	A	
276565	FLEISCHMANN	KARL			A	C	1996-06-30
743934	SCHMAHL	JEFFREY	L		A	C	1996-01-31
743935	SCHMAHL	RICHARD	A		D	C	2002-01-31
743955	SCHMELZER	RUSSELL	A		A	C	1998-01-31
743960	SCHMID	ALLEN	L		A	C	2000-01-31
743970	SCHMIDT	ALBERT	B		A	C	1996-01-31
743975	SCHMIDT	BRUCE	C		A	C	1998-01-31
743985	SCHMIDT	DANIEL	D		A	C	1991-01-24
744000	SCHMIDT	DONALD	R		A	C	1998-01-31
744015	SCHMIDT	EDMUND	F		A	C	1996-06-30

Fields populated  
Should have "Can't Select  
Cancelled License" pop up

Went back and picked and active license:

Entered cancel date, reason code and note.

On 'Cancel License' – no errors found:

On 'Submit/Close' tool closes.

Opening record in Inquiry tool, her license shows as cancelled:

Name	Lic Status	Lic Type	Lic #	SSN	Address	City	...
SCHMIDT, EVELYN M.	Cancelled	Producer	000744025	115-18-1335	330 Poca...	Middletown	NY

Activity Log is updated:

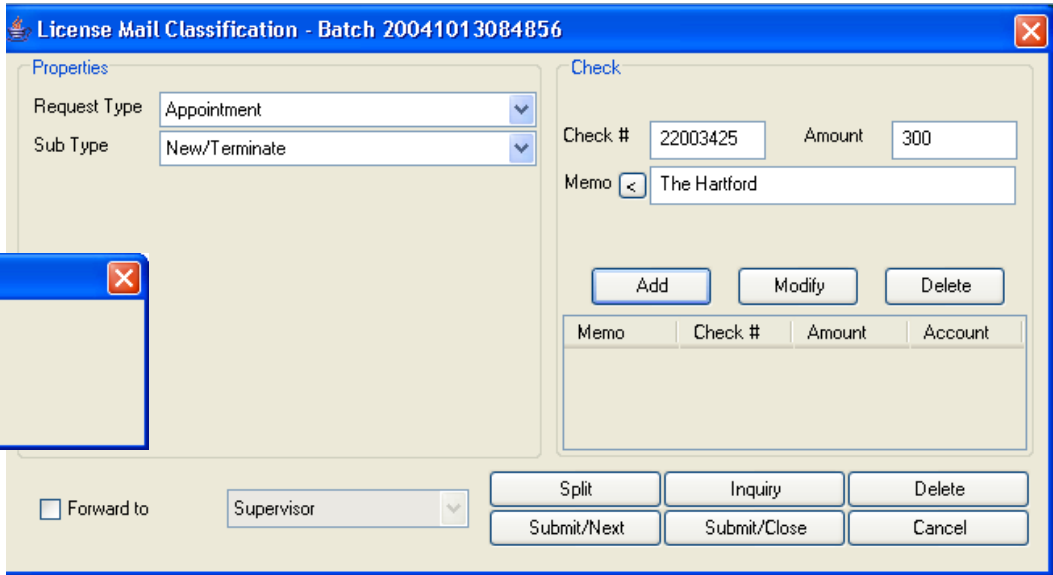
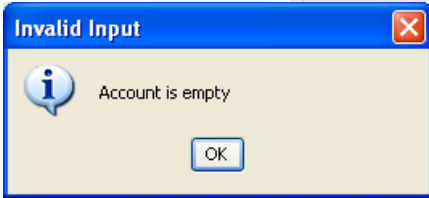
Date	Document Type	Added By	Document ID	Description
Dec 1, 2004	Cancel License	CBW		Ms Schmidt has left the building...
Dec 8, 2003	License Printed	CSG		License printed

TESTING  
Classify  
10/14/04

APPOINTMENTS:

Entered check info

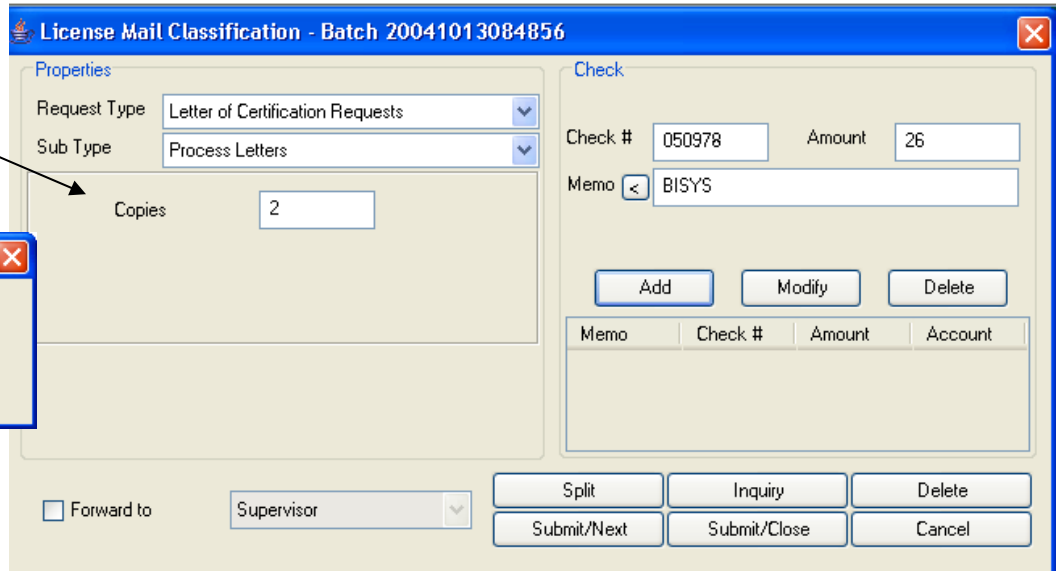
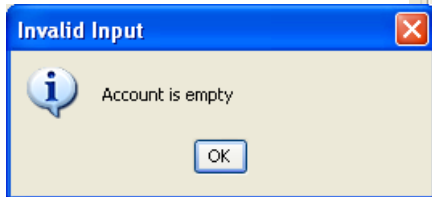
On "Add" this message pops up:



CERT LETTERS:

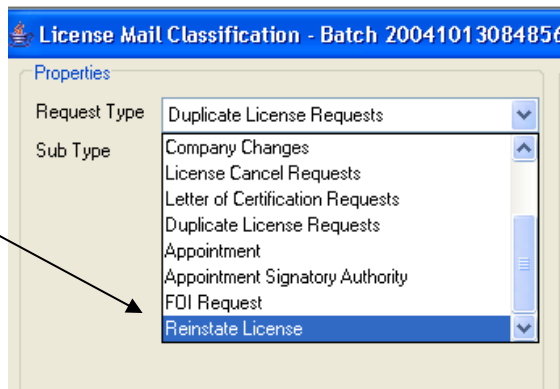
Don't need the # of Copies field

On 'Add' this message pops up:



REINSTATE:

Remove from Request Type drop-down



FORMS:

Application is an old version – do we accept these? Do we have a way to reject them for being out of date?

**INDIVIDUAL PRODUCER APPLICATION**

INS-301 NI

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

FOR DEPARTMENT USE ONLY:  
Date \_\_\_\_\_  
Filing Fee (3508) \_\_\_\_\_  
BGF (7210) \_\_\_\_\_  
(3318) \_\_\_\_\_  
License Fee (1304) \_\_\_\_\_

**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL INFORMATION CALLED FOR IS FURNISHED AND PROPER FEES ARE ENCLOSED**

**GENERAL INSTRUCTIONS AND FEES (READ THIS SECTION BEFORE COMPLETING APPLICATION)**

- 1) **PLEASE ANSWER ALL QUESTIONS COMPLETELY.** Type or print all responses and mail completed form to address above.
- 2) **SOCIAL SECURITY NUMBER** is mandatory pursuant to C.G.S. 38a-79. Social Security Numbers may be reported to the National Association of Insurance Commissioners for matters relating to the Producer Information Network or Producer disciplinary action.
- 3) Application must be **SIGNED and NOTARIZED.**
- 4) **RESIDENT APPLICANTS:** Attach **ORIGINAL EDUCATION CERTIFICATE and PASSING GRADE SCORE REPORT WITH PHOTO.**
- 5) **NONRESIDENT APPLICANTS:** Attach original **LETTER OF CERTIFICATION** (within 90 days of issuance).
- 6) **CPCU and CLU exemptions:** Attach evidence of designation.
- 7) **VARIABLE CONTRACTS APPLICANTS:** Attach Central Registration Depository (CRD) U-4 (or equivalent). This line of authority cannot be issued without **LIFE** authority.
- 8) **TITLE APPLICANTS:** Attach **LETTER OF GOOD STANDING** from the **CONNECTICUT SUPERIOR COURT.**
- 9) **INITIAL LICENSE FEES:** \$75.00 (\$25.00 Application Fee and \$50.00 License Fee and \$10.00 Broker Guaranty Fund).
- 10) **AMENDMENT & REINSTATEMENT LICENSE FEES:** \$65.00 (\$25.00 Application Fee and \$40.00 License Fee).

**CHECKS ARE PAYABLE TO: "Treasurer, State of Connecticut"**

**PART I - LICENSE INFORMATION**

A. **Status** (check one):  New License  Amendment (Additional Authority)  Reinstatement  
CT License #: \_\_\_\_\_ CT License #: 000996786

B. **Resident Status** (check one):  Resident  Nonresident

C. **Lines of Authority** (check appropriate box):

<input type="checkbox"/> LIFE	<input type="checkbox"/> LIFE, A&H, VAR CONTRACTS	<input type="checkbox"/> BAIL BONDS	<input type="checkbox"/> LTD HOME WARRANTY
<input type="checkbox"/> ACCIDENT & HEALTH	<input type="checkbox"/> FIXED/VAR ANNUITIES ONLY	<input type="checkbox"/> CREDIT LIFE/A&H	<input type="checkbox"/> MORTGAGE GUARANTY
<input type="checkbox"/> LIFE, A&H	<input checked="" type="checkbox"/> PROPERTY AND CASUALTY	<input type="checkbox"/> TITLE	<input type="checkbox"/> MV SERVICE AGREEMENT
<input type="checkbox"/> LIFE & VARIABLE CONTRACTS		<input type="checkbox"/> TRAVEL ACC & BAG	<input type="checkbox"/> LTD AUTO PHYS DAMAGE

**PART II - IDENTIFICATION**

A. **SOCIAL SECURITY NUMBER:** 02313612343 B. **Date of Birth:** 5.14.47 C.  Male  Female

D. **Full Legal Name of Applicant:** TOGNERI DONALD J  
(Last) (First) (Middle)

E. **Legal Residence Address:** 143 FRANKLIN AVE. MIDLAND PARK NJ 07432  
(Street) (City) (State) (Zip Code)

P.O. Box (P.O. Box only is not acceptable): \_\_\_\_\_

F. **Insurance Employer Name:** CLERMONT SPECIALTY MANAGERS **Insurance Employer Phone:** 201 342 4211

H. **Insurance Employer Address (P.O. Box only is not acceptable):** 3 UNIVERSITY PL HACKENSACK NJ 07601  
(Street) (City) (State) (Zip Code)

I. **My insurance employer is (check one):**  Insurance Company  Insurance Agency  Self-Employed

J. **Do you transact business under a trade name (d b a)?**  Yes  No

IF YES, give name(s): \_\_\_\_\_

**EACH NAME UNDER WHICH YOU CONDUCT AN INSURANCE BUSINESS MUST BE LICENSED PURSUANT TO C.G.S. 38a-769.**

PHOTOS: Scanned a passport sized photo as part of BailBond app – scanner didn't seem to pick up document

SPLIT:

Entered Check info then hit 'Split'

License Mail Classification - Batch 20041018093312

Properties

Request Type: Individual Application  
Sub Type: Standard Lines Producer

Lic# [ ] Tin [ ]  
App# [ ]

Last [ ] Middle [ ]  
First [ ] Suffix [ ]

Check

Check # [ ] Amount [ ]  
Memo [ ]

Account 1360 - Producer license

Memo	Check #	Amount	Account
Kellerowitz	24434	\$130.00	1360-2

Buttons: Add, Modify, Delete

Buttons: Split, Inquiry, Delete, Submit/Next, Submit/Close, Cancel

Divided pages and applied \$\$

Split

Pages

Available: 1, 2, 3, 4, 5  
Selected: [ ]

New Document

Pages	Amount
1,2,3	65
4,5,1	65

Properties

Request Type: Individual Application  
Sub Type: MVPD Appraiser

Lic# [ ] Tin [ ]  
App# [ ]

Last [ ] Middle [ ]  
First [ ] Suffix [ ]

Account 1360 - Producer license

Total: \$130.00  
Remain: \$0.00

Amount: 0.00

Buttons: Process, Cancel

Clicked 'Process'

Confirmation

2 new document(s) will be generated:Page(s) used more than once:1

Buttons: Process, Cancel

Got Insert Data error

Warning

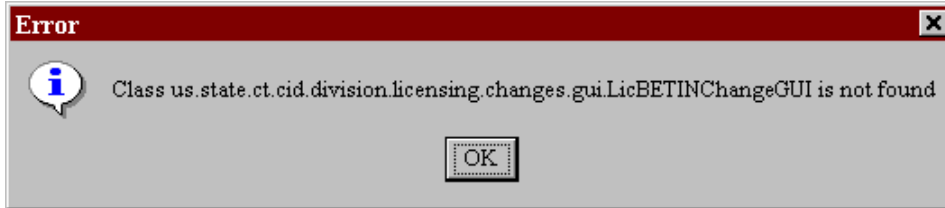
Inserting Data Error - Batch\_queue\_details

Button: OK

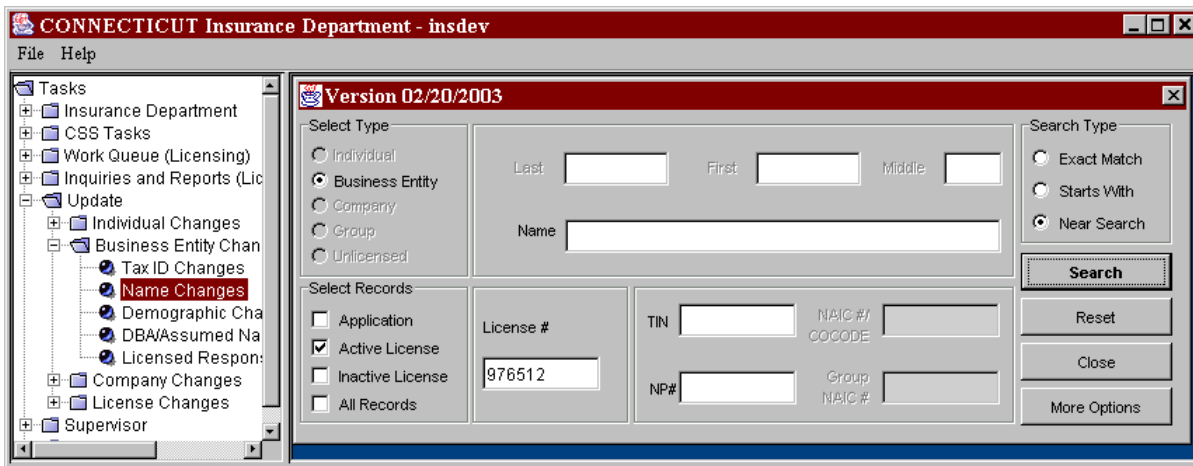
# Testing Business Entity Changes

## TAX ID CHANGES

Get this when I try to open the tool:

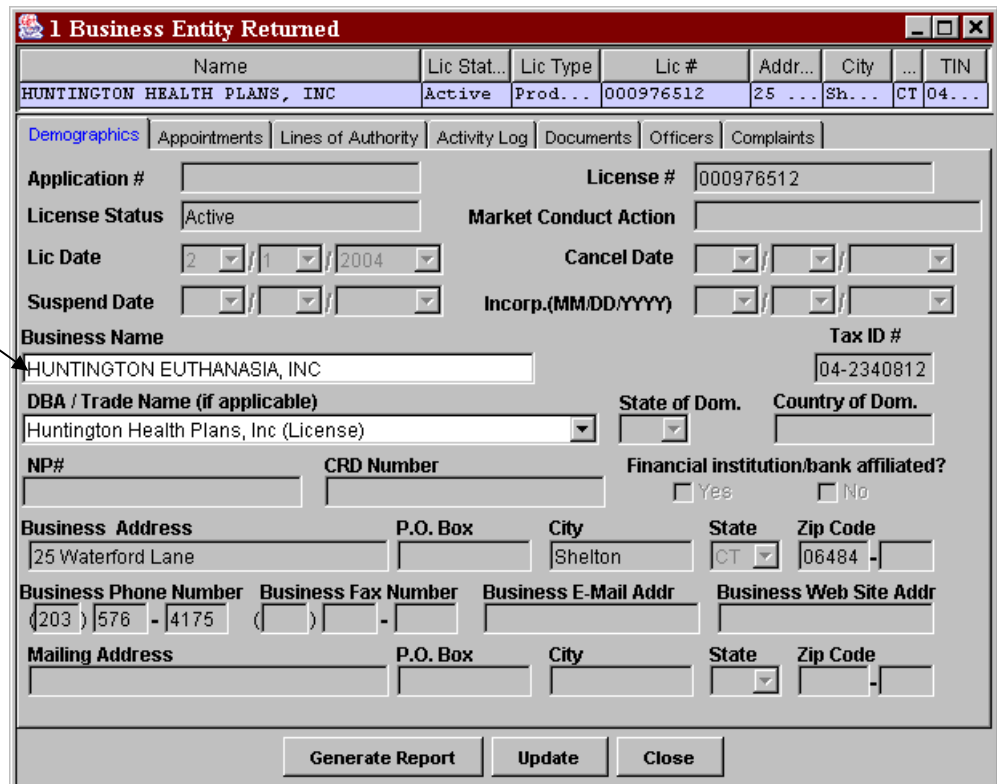


## NAME CHANGES



Used license # 976512, HUNTINGTON HEALTH PLANS, INC

Made Name Change



On 'Update'



Name Change correct

Activity Log updated

1 Business Entity Returned [Min] [Max] [Close]

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
HUNTINGTON BUTHANASIA,...	Active	Producer	000976512	25 Wat...	Shelton	CT	04-234...

Demographics | Appointments | Lines of Authority | **Activity Log** | Documents | Officers | Complaints

All [v]

Date	Document Type	Added By	Document ID	Description
Mar 19, 2004	Amend License	cbw		Name Changed From HUNTINGTON HEALT...
Dec 15, 2003	License Printed	CSG		License printed
Dec 10, 2003	Renewal Reconc...	JJF	003764205	Renewal reconciled
Dec 8, 2003	Renewal Process	PB1	003764205	Renewal invoice processed
Nov 12, 2003	Offering Sent	CSG		Renewal Invoice Generated
May 1, 2002	Manual Entry	CSG		Conversion: CERT OF INC
Dec 12, 2001	License Printed	993551		License Printed
Dec 11, 2001	Renewal Reconc...	MA	003683227	Renewal reconciled
Dec 11, 2001	Renewal Process	MJH	003683227	Renewal invoice processed
Nov 7, 2001	Manual Entry	CSG		Conversion: CERT OF INC

## DEMOGRAPHIC CHANGES

1 Business Entity Returned

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
HUNTINGTON EUTHANASIA,...	Active	Producer	000976512	25 Wat...	Shelton	CT	04-234...

Demographics | Appointments | Lines of Authority | Activity Log | Documents | Officers | Complaints

Application # [ ] License # 000976512

License Status Active Market Conduct Action [ ]

Lic Date 2 / 1 / 2004 Cancel Date [ ] / [ ] / [ ]

Suspend Date [ ] / [ ] / [ ] Incorp.(MM/DD/YYYY) [ ] / [ ] / [ ]

Business Name HUNTINGTON EUTHANASIA, INC Tax ID # 04-2340812

DBA / Trade Name (if applicable) Huntington Health Plans, Inc (License) State of Dom. [ ] Country of Dom. [ ]

NP# [ ] CRD Number [ ] Financial institution/bank affiliated?  Yes  No

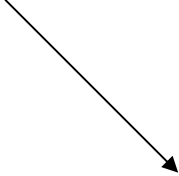
Business Address 25 Solient Green Way P.O. Box [ ] City Heston State CT Zip Code 06484 - [ ]

Business Phone Number (203) 576 - 4175 Business Fax Number ( ) - Business E-Mail Addr Business Web Site Addr

Mailing Address [ ] P.O. Box [ ] City [ ] State [ ] Zip Code [ ]

Generate Report Update Close

Changed Business Address



On 'Update'

Information

 Organization Demographics Updated

OK

Changes show correctly and Activity Log updated. Did same for Business Phone Number with correct results.



Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
HUNTINGTON EUTHANASIA,...	Active	Producer	000976512	25 Sol...	Heston	CT	04-234...

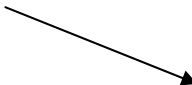
**Demographics** | Appointments | Lines of Authority | Activity Log | Documents | Officers | Complaints

**Application #**  **License #** 000976512  
**License Status** Active **Market Conduct Action**   
**Lic Date** 2 / 1 / 2004 **Cancel Date**  /  /   
**Suspend Date**  /  /  **Incorp.(MM/DD/YYYY)**  /  /


**Business Name** HUNTINGTON EUTHANASIA, INC **Tax ID #** 04-2340812  
**DBA / Trade Name (if applicable)** Huntington Health Plans, Inc (License) **State of Dom.**  **Country of Dom.**   
**NP#**  **CRD Number**  **Financial institution/bank affiliated?**  Yes  No

**Business Address** 25 Solient Green Way **P.O. Box**  **City** Heston **State** CT **Zip Code** 06484 -   
**Business Phone Number** (203) 555 - 4175 **Business Fax Number** ( ) -  **Business E-Mail Addr**  **Business Web Site Addr**   
**Mailing Address** 321 People's Ave **P.O. Box**  **City** Heston **State** CT **Zip Code** 06484 -

Made changes to Mailing Address



**Information**

 Organization Demographics Updated

On 'Update':

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
HUNTINGTON EUTHANASIA,...	Active	Producer	000976512	25 Sol...	Heston	CT	04-234...

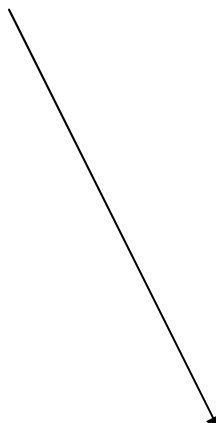
**Demographics** | Appointments | Lines of Authority | Activity Log | Documents | Officers | Complaints

**Application #**  **License #** 000976512  
**License Status** Active **Market Conduct Action**   
**Lic Date** 2 / 1 / 2004 **Cancel Date**  /  /   
**Suspend Date**  /  /  **Incorp.(MM/DD/YYYY)**  /  /

**Business Name** HUNTINGTON EUTHANASIA, INC **Tax ID #** 04-2340812  
**DBA / Trade Name (if applicable)** Huntington Health Plans, Inc (License) **State of Dom.**  **Country of Dom.**   
**NP#**  **CRD Number**  **Financial institution/bank affiliated?**  Yes  No

**Business Address** 25 Solient Green Way **P.O. Box**  **City** Heston **State** CT **Zip Code** 06484 -   
**Business Phone Number** (203) 555 - 4175 **Business Fax Number** ( ) -  **Business E-Mail Addr**  **Business Web Site Addr**   
**Mailing Address**  **P.O. Box**  **City**  **State**  **Zip Code**  -

Going back into the record, the changes do not show:



## DBA/ASSUMED NAMES

Screen comes up, but data can't be edited.

Name	Lic Status	Lic Type	Lic #	Address	City	...	TIN
HUNTINGTON EUTHANASIA,...	Active	Producer	000976512	25 Sol...	Heston	CT	04-234...

<b>Demographics</b>		Appointments	Lines of Authority	Activity Log	Documents	Officers	Complaints			
<b>Application #</b>	<input type="text"/>	<b>License #</b>	<input type="text" value="000976512"/>							
<b>License Status</b>	<input type="text" value="Active"/>	<b>Market Conduct Action</b>	<input type="text"/>							
<b>Lic Date</b>	<input type="text" value="2"/> / <input type="text" value="1"/> / <input type="text" value="2004"/>	<b>Cancel Date</b>	<input type="text"/>							
<b>Suspend Date</b>	<input type="text"/>	<b>Incorp.(MM/DD/YYYY)</b>	<input type="text"/>							
<b>Business Name</b>	<input type="text" value="HUNTINGTON EUTHANASIA, INC"/>						<b>Tax ID #</b>	<input type="text" value="04-2340812"/>		
<b>DBA / Trade Name (if applicable)</b>	<input type="text" value="Huntington Health Plans, Inc (License)"/>		<b>State of Dom.</b>	<input type="text"/>				<b>Country of Dom.</b>	<input type="text"/>	
	<input type="text" value="Huntington Health Plans, Inc (License)"/>							<b>Financial institution/bank affiliated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="text" value="Huntington Health Plans, Inc"/>									
<b>Business Address</b>	<input type="text" value="25 Solient Green Way"/>	<b>P.O. Box</b>	<input type="text"/>	<b>City</b>	<input type="text" value="Heston"/>	<b>State</b>	<input type="text" value="CT"/>	<b>Zip Code</b>	<input type="text" value="06484"/>	
<b>Business Phone Number</b>	<input type="text" value="(203) 555 - 4175"/>	<b>Business Fax Number</b>	<input type="text"/>	<b>Business E-Mail Addr</b>	<input type="text"/>				<b>Business Web Site Addr</b>	<input type="text"/>
<b>Mailing Address</b>	<input type="text"/>		<b>P.O. Box</b>	<input type="text"/>	<b>City</b>	<input type="text"/>	<b>State</b>	<input type="text"/>	<b>Zip Code</b>	<input type="text"/>

<input type="button" value="Generate Report"/>	<input type="button" value="Update"/>	<input type="button" value="Close"/>
------------------------------------------------	---------------------------------------	--------------------------------------

## LICENSED



## RESPONSIBLE PARTIES

When I try to open I'm getting this:

# FOI Tool

## Classifying Tool

### (New FOI)

- ❖ Add the mandatory search capability (same as complaints).
- ❖ Please add a data input screen for the entering of the name, address, phone number, etc. of the requestor. (same as complaints)

### (Existing FOI)

- ❖ Searching by the file number produce a result of the entire Open FOI list rather than the specific file number.

The screenshot displays the 'CONNECTICUT Insurance Department - insdev' application interface. A 'CA Classify Documents' dialog box is open, showing search criteria for 'Existing FOI' with a document type of 'Letter' and a complaint type of 'Complaint'. The 'File Number' field is set to '700000'. Below the dialog, an 'Open FOI List: CA Result Count [7]' table is visible, listing various FOI records with columns for FOI #, Name, Address, City, and Open Date. The table contains 7 rows of data.

FOI #	Name	Address	City	Open Date
700001	-	-	-	12/17/2007
700000	Hastings, Cohan, Walsh & Lovello	440 Main Street	Ridgefield, CT	03/21/2007
600003	Jacobs, Grulberg, Bell, Dow & Kat	350 Orange Street	New Haven, CT	10/06/2006
600000	Carrano & Carrano, L.L.C. Carrano	270 Quinipiac Avenue	North Haven, CT	11/18/2005
600002	-	-	New Haven, CT	-
600001	Hurwitz Sagerin & Slossberg, LLC	147 North Broad Street PO Box 112	Milford, CT	05/15/2006
600000	-	-	-	03/24/2006

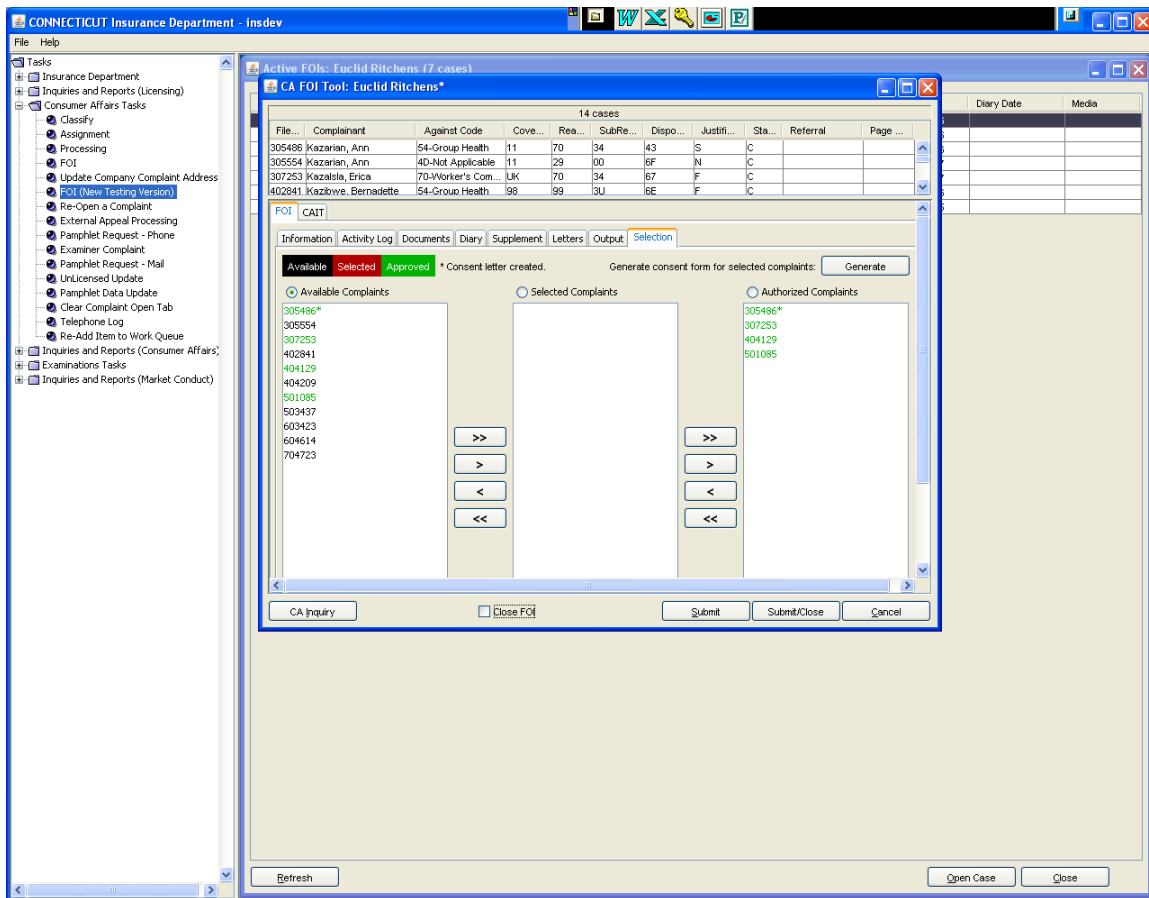
## Processing Tool

- ❖ Use the same color coding as complaints especially to show new documents added.

The screenshot shows a web-based application interface for the Connecticut Insurance Department. The main window is titled "CONNECTICUT Insurance Department - insdev". On the left, there is a "Tasks" sidebar with a tree view containing various categories like "Insurance Department", "Inquiries and Reports (Licensing)", and "Consumer Affairs Tasks". The main content area displays a pop-up window titled "Active FOIs: Euclid Ritchens (7 cases)". This window contains a table with the following data:

FOI No.	Type	Name	Company	Fee	Open Date	Diary Date	Media
600003	99-Attorney	Sutton, Anthony D.	Jacobs, Grudberg, Belt, Dow & katz, P.C.	\$60.00	10/06/2006		
600000				\$0.00	03/24/2006		
600001		Slossberg, David	Hurwitz Sagarin & Slossberg, LLC	\$0.00	05/15/2006		
700001					12/17/2007		
700000		Hastings, Richard P.	Hastings, Cohan, Walsh & Lovallo, LLP	\$0.00	03/21/2007		
600002					05/26/2006		
500000	16-Attorney General	Carrano, Christ M.	Carrano & Carrano, L.L.C.	\$0.00	11/19/2005		

At the bottom of the pop-up window, there are three buttons: "Refresh", "Open Case", and "Close".



When we conduct a query of the requested information, the query results are automatically added to the Selection tab. The results may contain complaints that are not related to the request and we are unable to redo the query and overwrite. Maybe we should be given the ability of viewing the results before adding it with options to add, cancel, retry and generate a report if we are satisfied with the results.

### (Selection Tab)

- ❖ We need to have a way to incorporate complaints from the Selected complaints and Approved complaints columns on our letter in an embed table.
- ❖ The heading of the third column should read “Approved” instead of “Authorized”.

CONNECTICUT Insurance Department - insdev

File Help

- Tasks
  - Insurance Department
  - Inquiries and Reports (Licensing)
  - Consumer Affairs Tasks
    - Classify
    - Assignment
    - Processing
    - FOI
    - Update Company Complaint Address
    - FOI (New Testing Version)**
    - Re-Open a Complaint
    - External Appeal Processing
    - Pamphlet Request - Phone
    - Examiner Complaint
    - Pamphlet Request - Mail
    - Unlicensed Update
    - Pamphlet Data Update
    - Clear Complaint: Open Tab
    - Telephone Log
    - Re-Add Item to Work Queue
  - Inquiries and Reports (Consumer Affairs)
  - Examinations Tasks
  - Inquiries and Reports (Market Conduct)

Active FOIs: Euclid Ritchens (7 cases)

CA FOI Tool: Euclid Ritchens\*

14 cases										
File No	Complainant	Against Code	Coverage	Reason	SubReason	Disposition	Justification	Status	Referral	Page Count
305486	Kazarian, Ann	54-Group Health	11	70	34	43	S	C		
305554	Kazarian, Ann	4D-Not Applicable	11	29	00	6F	N	C		
307253	Kazalala, Erica	70-Worker's Compensati...	UK	70	34	67	F	C		
402841	Kazlowe, Bernadette	54-Group Health	98	99	3U	8E	F	C		
404129	Kazin, Iris	54-Group Health	13	70	35	73	S	C		
404209	Kazlauskas, Deborah	10-Auto	42	70	33	30	J	C		
501085	Kaz Transportation LLC	18-Commercial Auto	11	11	51	86	U	C		8
501085	Kaz Transportation LLC	18-Commercial Auto	21	11	51	36	J	C		6
503437	Kazakewich, John M. & Rosean...	31-Homeowners	11	11	51	86	U	C		17
603423	Kazokas, Alexander	NA	01	02	6D	A	C		US Department of Labor	6
604614	Kezmerczak, Diane	UK-Unknown	UK	20	39	51	N	C		2
704723	Kazlowe, Bernadette	31-Homeowners	35	70	36	61	U	C		115
704723	Kazlowe, Bernadette	31-Homeowners	35	70	36		C			115
704723	Kazlowe, Bernadette	31-Homeowners	11	70	36	61	U	C		115

FOI CA11

Name	Type	Status	Phone	Fax	Address	City	State	Postal Code
swimm, Nancy	U							
Standard Fire Insurance ...	C	A	(860)277-1561	(860)277-5347	Consumer Affairs, 5GS, O...	Hartford	CT	06183

CA Inquiry  Close FOI

Please add the complaint summary

Add the color coding to indicate if the complainant is an OBO, Contact, etc.

The last entry of the above results repeated three times and I don't see any reason for this.