

received notice of the suspension on or about December 11, 2019. She was licensed under National Producer Number 16450314.

6. Per the terms of the Suspension Order, Applicant's resident insurance producer license was suspended until she met the terms of the Suspension Order; specifically, that the Department of Revenue issue a Withdrawal of the Certificate of Noncompliance, and that Applicant make the appropriate Application for Reinstatement or Reissuance, pay all applicable fees, and comply with all other insurance statutes and regulations.

7. Applicant was the agent of record for twenty-six (26) AFLAC policies dated between December 18, 2019, and February 4, 2020.

8. On March 15, 2020, Applicant applied for and subsequently received \$39,236 in Pandemic Unemployment Assistance ("PUA") through Iowa Workforce Development claiming that she had lost her job selling AFLAC insurance policies due to the COVID-19 pandemic. Attachment D.

9. The reason for Applicant's disruption in her income was due to her license suspension, not the COVID-19 pandemic.

10. On December 30, 2020, Applicant's insurance producer license expired while it was still in suspended status. Attachment A. On August 18, 2021, Applicant's insurance producer license was revoked by an Order and Consent to Order, on the grounds that Applicant engaged in insurance business while her license was suspended, and engaged in dishonest practices and demonstrated untrustworthiness when she held herself out as a licensed insurance producer while suspended and made misrepresentations in order to obtain PUA benefits. Attachment A; *see also* Attachment C.

11. On or about March 6, 2023, the Division received a Uniform License Application from Applicant in which Applicant made three untruthful statements: Applicant denied having ever been convicted or charged with a misdemeanor; denied being the subject of a deferred judgment; and denied having ever been named or involved as a party in an administrative proceeding.

12. On April 4, 2023, Applicant submitted a Producer Application for Reinstatement or Reissuance after Disciplinary Action.

13. On April 5, the Division recommended denying the Applicant's Uniform License Application and her Producer Application for Reinstatement or Reissuance after Disciplinary Action because of (1) untruthful statements or omissions of material facts made in both applications, evidencing that Applicant "does not have the character or competence to have her insurance producer license reinstated[,]" and; (2) "she had not proven that the basis for her revocation no longer exist[ed] and that it would be in the public interest to grant her application." Attachment C.

14. When asked about her application statements by the Division's Licensing Bureau, Applicant admitted that she was convicted for Possession of Alcohol by a Minor on December 6, 1993, a misdemeanor which was not disclosed to the Division in her initial application submitted in November of 2011. Applicant again failed to disclose this in her 2023 insurance producer application.¹

15. When asked about her application statements by the Division's Licensing Bureau, Applicant admitted that she received a deferred judgment for an assault charge in April of 2001. Applicant failed to disclose this on her 2023 insurance producer application.

¹ Because Applicant was a minor at the time of this conviction, the Division is unable to obtain a copy of the order convicting Applicant of this crime. However, Applicant did disclose this conviction to the Division's investigator in the course of reviewing her 2023 license application. *See* Attachment G; Attachment F (Applicant's revised application submitted subsequent to the Division's investigation).

16. As described above, Applicant was a party to two separate administrative proceedings before the Division in which her insurance producer license was first suspended and then later revoked.

17. When asked about why she answered “no” to the relevant questions on her 2023 insurance producer application regarding past misdemeanors, deferred judgments, or involvement in administrative proceedings, Applicant admitted that she did not take the proper actions to have her license reinstated, resulting in her unknowingly writing AFLAC policies without a valid insurance producer license. She further stated that she replied “no” to the question about her previous misdemeanor due to her lack of recollection regarding the incident, which occurred in 1993. Applicant stated that she responded “no” to the question regarding her previous involvement in any administrative proceeding because she did not fully understand the question. *See Attachment A.*

18. The Division’s Licensing Bureau justifiably recommended denying Applicant’s application for an insurance producer license based on Applicant’s lack of character and/or competence by failing to answer questions on her application truthfully, applying for PUA funds that she was not legally entitled to, and the revocation of her license on or about August 18, 2021. Attachment C.

19. Applicant has failed to prove that the basis for revocation of her license, which occurred less than two (2) years ago, no longer exists and that it would be in the public’s best interest to grant her application and reissue her license.

III. CONCLUSIONS OF LAW

20. Iowa Administrative Code rule 191—10.10(2)(a) states that a producer whose license has been revoked by order may apply to the Commissioner for reissuance of his or her license by

filing an application for reissuance. The applicant shall initiate the proceedings for reissuance by filing an application for reissuance with the Commissioner.

21. Iowa Administrative Code rule 191—10.10(2)(b) states that applications for reissuance must allege facts sufficient to enable the Commissioner to establish that the basis of the revocation no longer exists. Additionally, the rule requires the Applicant to disclose whether they have engaged in conduct that is cause for a licensing action under Iowa Code §§ 507B.4 or 522B.11(1) that was not included in the revocation order.

22. Applicant submitted the Reissuance Application and Uniform License Application required by Iowa Administrative Code rules 191—10.10(2)(b) and 10.4.

23. Applicant provided incorrect, misleading, incomplete, or materially untrue information on her Uniform License Application when she said the following: she had not been charged with a misdemeanor; had never been the subject of a deferred judgment; and was never named or involved in an administrative proceeding.

24. Applicant failed to disclose or mention her most recent revocation on her application for reissuance. The revocation of Applicant's license occurred on August 18, 2021.²

25. Applicant has failed to meet her burden of establishing that the basis of Applicant's license revocation no longer exists. Furthermore, Applicant has engaged in additional conduct that is cause for a licensing action under Iowa Code § 522B.11(1).

26. It is not in the public's interest to grant Applicant's request for license reissuance.

² *In re Parrish*, Division Cas No. 110432, Iowa Ins. Div. (Aug. 18, 2021).

IV. ORDER

WHEREFORE, IT IS ORDERED pursuant to the powers granted to the Commissioner of Insurance:

- A. Applicant's Reissuance Application is denied; and
- B. Applicant's insurance producer license shall remain revoked and Applicant shall remain prohibited from selling, soliciting, or negotiating insurance in this state, offering to the public advice, counsel, or services with regard to insurance, or otherwise transacting in the business of insurance in this state until and unless licensed by the Division.

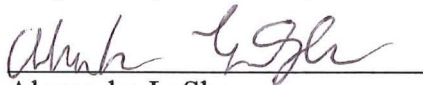
IT IS FURTHER ORDERED that, pursuant to Iowa Code § 505.8(10), the one hundred-dollar (\$100) payment Applicant submitted will be returned.

SO ORDERED on the 9th day of may, 2023.



DOUGLAS M. OMMEN
Iowa Insurance Commissioner

Respectfully submitted,



Alexander LeSher
Iowa Insurance Division
1963 Bell Avenue, Suite 100
Des Moines, Iowa 50315
Phone: (515) 654-6564
alexander.lesher@iid.iowa.gov
ATTORNEY FOR THE DIVISION

Copy to:

Katina Parrish
413 SW Maplewood Drive
Grimes, IA 50111
Katina_parrish@us.aflac.com

APPLICANT

CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause, or their attorney, at their respective addresses disclosed on the pleadings on May 10th, 2023.

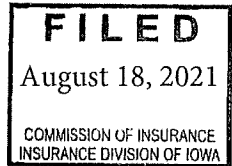
By: First Class Mail Personal Service
 Restricted certified mail, return receipt Email, by consent
 Certified mail, return receipt _____

Signature: Brooke Hohn
Brooke Hohn

NOTICE OF PENALTIES FOR WILLFUL VIOLATION OF THIS ORDER

YOU ARE NOTIFIED that acting as an insurance producer, as defined in Iowa Code chapter 522B, in violation of this Order, is a felony under Iowa Code § 507A.10, subjecting you to punishment of imprisonment, jail, fines, or any combination of custody and fines.

YOU ARE ALSO NOTIFIED that if you violate this Order, you may be subject to administrative and civil penalties pursuant to Iowa Code § 522B.17(3). The Commissioner may petition the district court to hold a hearing to enforce the order as certified by the Commissioner. The district court may assess a civil penalty against you in an amount not less than three thousand dollars but not greater than ten thousand dollars for each violation, and may issue further orders as it deems appropriate.



BEFORE THE IOWA INSURANCE COMMISSIONER

IN THE MATTER OF)	Division Case No. 110432
KATINA L. PARRISH,)	ORDER AND
NPN 16450314,)	CONSENT TO ORDER
DOB 12/12/XXXX)	
)	
Respondent.)	

NOW THEREFORE, the Iowa Insurance Division (“Division”) and by consent of Respondent Katina L. Parrish, pursuant to the provisions of Iowa Code chapter 507A—Iowa Unauthorized Insurers Act, Iowa Code chapter 507B—Insurance Trade Practices, and Iowa Code chapter 522B—Licensing of Insurance Producers, the Commissioner enters the following Order and Consent to Order:

I. PARTIES AND JURISDICTION

1. The Commissioner of Insurance, Douglas Ommen, directly and through his designees, administers and enforces Iowa Code chapter 507A— Iowa Unauthorized Insurers Act, Iowa Code chapter 507B—Insurance Trade Practices, and Iowa Code chapter 522B—Licensing of Insurance Producers pursuant to Iowa Code § 505.8.
2. Katina L. Parrish (“Parrish”) is an individual with a last-known residence address of 413 SW Maplewood Drive, Grimes, Iowa 50111.
3. Parrish became licensed in the state of Iowa as a resident insurance producer on November 2, 2011. Her license was suspended on December 11, 2019, and her license expired on December 31, 2020, while still on suspended status. She was licensed under National Producer Number 16450314.

4. From on or about December 11, 2019, to April 10, 2021, Parrish engaged in acts and practices within the state of Iowa constituting cause for probation, suspension, or revocation of her insurance producer license; cease and desist orders; civil penalties, and other relief under Iowa Code chapters 507A, 507B, and 522B, and rules adopted pursuant to these chapters.

II. FINDINGS OF FACT

5. Parrish applied for a resident insurance producer license with the Division by submitting the Iowa Uniform Application for Individual License (“Uniform Application”). In submitting the Uniform Application, Parrish designated the Commissioner as an agent for service of process.

6. The Division issued Parrish a license as an insurance producer on November 2, 2011, and assigned her National Producer Number 16450314.

7. Parrish was appointed as an independent producer with American Family Life Assurance Company of Columbus (“AFLAC”) until her appointment was terminated on February 12, 2020.

Parrish’s License Suspension

8. On October 1, 2019, the Division mailed Parrish a notice advising her that the Division received a Certificate of Noncompliance from the Iowa Department of Revenue (“Revenue”) and that Parrish’s insurance producer license would be suspended in 60 days, pursuant to Iowa Code § 272D.8 and Iowa Administrative Code rule 191—10.23, unless Revenue withdrew the Certificate of Noncompliance prior to that time.

9. This notice was sent to Parrish’s residence address by first class mail and restricted certified mail.

10. The notice was delivered and signed for by Parrish on October 10, 2019.

11. On December 11, 2019, the Commissioner entered an order immediately suspending Parrish's insurance producer license, effective immediately, and ordered that Parrish not be eligible for license reinstatement, reissuance, or renewal until Revenue issued a withdrawal, Parrish applied for reinstatement or reissuance, paid all applicable fees, and complied with other insurance statutes and regulations.

12. On December 11, 2019, the suspension order was mailed to Parrish's residence address of record and emailed to the email address noted in her licensing record, katina_parrish@us.aflac.com.

13. This mailing was not returned to the Division nor did the Division receive a delivery failure notification for the email.

14. On or about June 3, 2021, during an interview with a Division complaint analyst, Parrish confirmed that the residence address and email used to mail the suspension order were valid addresses for her at that time.

15. On December 31, 2020, Parrish's producer license expired while she was still suspended.

16. Parrish has not submitted an application for reinstatement or reissuance of her license.

Activity While Suspended

17. From on or about December 18, 2019, until February 4, 2020, Parrish was the agent of record and submitted 26 insurance applications to AFLAC while her license was suspended.

18. Parrish received \$3,595.30 in commission payments in connection with the 26 applications.

19. AFLAC terminated Parrish's appointment on February 12, 2020, due to the Division's suspension of Parrish's producer license.

20. On March 15, 2020, Parrish filed an application for Pandemic Unemployment Assistance ("PUA") with Iowa Workforce Development ("IWD").

21. Parrish submitted documents stating that the basis for PUA was the loss of her sales job, selling insurance policies for AFLAC, and that she was displaced from this job due to COVID. However, Parrish's insurance producer license had been suspended since December 2019, and her disruption in income was unrelated to COVID.

22. On April 29, 2021, IWD determined that Parrish was ineligible to receive PUA, because Parrish "misrepresented that your Primary Employment/Source of Income was directly affected by COVID-19 but was not the case since the loss of your Primary Employment/Source of Income occurred prior to COVID-19 due to an unrelated COVID-19 reason."

23. As a result of her misrepresentations, Parrish received \$39,236 in PUA benefits for which she was not entitled.

24. Parrish did not appeal IWD's determination within the time period to appeal. Therefore, the IWD's decision became final within 10 days.

III. CONCLUSIONS OF LAW

COUNT ONE

Engaging in Insurance Business While Suspended

25. Iowa Code § 522B.2 provides that "[a] person shall not sell, solicit, or negotiate insurance in this state for any line of insurance unless the person is licensed as an insurance producer for that line of insurance as provided in this chapter."

26. Under Iowa Code § 522B.17, an insurance producer may be ordered to cease and desist and may be assessed a civil penalty pursuant to chapters 507B and 507A if found to have violated chapter 522B.

27. Iowa Code § 507A.5(1) provides that a person shall not directly or indirectly perform any act of doing an insurance business except as provided by and in accordance with the specific authorization by statute.

28. Under Iowa Code § 507A.3(1), “doing an insurance business” includes, but is not limited to the following: the taking or receiving of insurance applications; delivery of contracts of insurance to residents of this state; any kind of insurance business recognized as constituting the doing of an insurance business; and doing any insurance business in a manner designed to evade the provisions of the insurance laws of this state.

29. Parrish was the agent of record on 26 applications for insurance and submitted these applications to AFLAC while her insurance producer license was suspended.

30. Parrish violated Iowa Code §§ 522B.2 and 507A.5(1) by selling, soliciting, or negotiating insurance while her insurance producer license was suspended.

31. Under 522B.11(5), any penalty or remedy authorized by this chapter and chapter 507B may be imposed against any person who violates either chapter even if the person’s license has been surrendered or has lapsed by operation of law.

32. Parrish’s acts and practices have been in violation of Iowa Code §§ 522B.2 and 507A.5 subjecting Parrish to probation, suspension, or revocation of her insurance producer license, the imposition of a civil penalty, an order requiring Parrish to cease and desist from engaging in such acts or practices, an order of restitution, the imposition of costs of the investigation and prosecution of the matter, and any other corrective action the

Commissioner deems necessary and appropriate pursuant to Iowa Code §§ 522B.2, 522B.17, 507B.7, 507A.10, and 505.8.

COUNT TWO

Engaging in Dishonest Practices and Demonstrating Untrustworthiness

33. Under Iowa Code § 522B.11(1)(h), a license may be subject to probation, suspension, or revocation and civil penalties may be levied, as provided in Iowa Code § 522B.17, for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business.

34. Iowa Code § 507B.3 prohibits a person from engaging in any practice which is defined as, or determined pursuant to 507B.6 to be, an unfair method of competition, or an unfair or deceptive act or practice in the business of insurance.

35. Acts and practices enumerated as disqualifying conduct in Iowa Code § 522B.11(1)(h) violate public policy are likely to cause substantial harm to consumers and constitute an unfair or deceptive act or practice in violation of Iowa Code § 507B.3. *In the Matter of Dean*, No. 102164, 2019 WL 6245296 (Iowa Ins. Div., November, 5, 2019).

36. Parrish used fraudulent, coercive, or dishonest practices, or demonstrated incompetence, untrustworthiness, or financial irresponsibility when she held herself out as a licensed insurance producer authorized to sell insurance even though her license was suspended.

37. Parrish used fraudulent, coercive, or dishonest practices, or demonstrated incompetence, untrustworthiness, or financial irresponsibility when she misrepresented that she was displaced from her job with AFLAC due to COVID even though her license was suspended in 2019, and her termination from AFLAC was not directly related to COVID. These misrepresentations enabled Parrish to obtain nearly \$40,000 in PUA benefits.

38. This conduct also constitutes an unfair method of competition, or an unfair or deceptive act or practice in the business of insurance.

39. Under 522B.11(5), any penalty or remedy authorized by this chapter and chapter 507B may be imposed against any person who violates either chapter even if the person's license has been surrendered or has lapsed by operation of law.

40. Parrish's acts and practices have been in violation of Iowa Code §§ 522B.11(1)(h) and 507B.3 subjecting Parrish to probation, suspension, or revocation of Parrish's insurance producer license, the imposition of a civil penalty, an order requiring Parrish to cease and desist from engaging in such acts or practices, an order of restitution, the imposition of costs of the investigation and prosecution of the matter, and any other corrective action the Commissioner deems necessary and appropriate pursuant to Iowa Code §§ 522B.11, 522B.17, and 505.8.

IV. ORDER

WHEREFORE, IT IS ORDERED pursuant to the powers granted to the Commissioner by Iowa Code chapters 507A, 507B, and 522B:

- A. Parrish's Iowa resident insurance producer license is revoked and Parrish is prohibited from engaging in the business of insurance in this state pursuant to Iowa Code §§ 507A.10, 507B.7, 522B.11, and 522B.17;
- B. Parrish shall, contemporaneously with this Order, pay a civil penalty in the amount of \$2,600.00 pursuant to Iowa Code §§ 507A.10, 507B.7, and 522B.17. Payment shall be made payable to the Iowa Insurance Division, to be credited to the Iowa Enforcement Fund to provide funds for insurance enforcement and education; and

NOTICE OF PENALTIES FOR WILLFUL VIOLATION OF THIS ORDER

YOU ARE NOTIFIED that acting as an insurance producer, as defined in Iowa Code chapter 522B, in violation of this Order, is a felony under Iowa Code § 507A.10, subjecting you to punishment of imprisonment, jail, fines, or any combination of custody and fines.

YOU ARE ALSO NOTIFIED that if you violate this Order, you may be subject to administrative and civil penalties pursuant to Iowa Code § 522B.17(3). The Commissioner may petition the district court to hold a hearing to enforce the order as certified by the Commissioner. The district court may assess a civil penalty against you in an amount not less than three thousand dollars but not greater than ten thousand dollars for each violation, and may issue further orders as it deems appropriate.

YOU ARE NOTIFIED that any person who violates this order may be subject to administrative and civil penalties pursuant to Iowa Code § 502.604. The commissioner may petition the district court to hold a hearing to enforce the order as certified by the commissioner. The district court may assess a civil penalty against the person in an amount not less than three thousand dollars but not greater than ten thousand dollars for each violation, and may issue further orders as it deems appropriate.

NOTICE REGARDING REISSUANCE

Upon entry of this Order, your insurance producer license will become inactive due to revocation. While your license is inactive, you are prohibited from conducting the business of insurance. Your license will not be active until the Division makes the determination to reissue your insurance producer license by order pursuant to Iowa Administrative Code rule 191—10.10.

Reissuance of your insurance producer license is subject to the discretion of the Commissioner. Additionally, it will not be granted unless and until you have complied with the terms of this Order, made the appropriate Application for Reissuance with the Division, and paid all applicable fees. If applicable, you may also be required to apply for licensure through the National Insurance Producer Registry (NIPR) and pay all applicable fees.

Any person prohibited by 18 U.S.C. § 1033 from engaging or participating in the business of insurance will need to apply to the Commissioner for consent to engage in insurance pursuant to Iowa Code § 522B.16B.

NOTICE OF FINAL ORDER IMPACT

A final order of license probation, suspension, or revocation or a cease and desist order may adversely affect other existing business or professional licenses and may result in license revocation or disciplinary action.

A final order in an administrative action does not resolve any potential criminal or civil violations or causes of action that might arise from the same or similar conduct that is the subject of this contested case/this order. It may result in criminal law enforcement authorities, including the fraud bureau of the Iowa Insurance Division, pursuing a criminal investigation or prosecution of potential criminal law violations.

RECEIVED

AUG 17 2021

CONSENT TO ORDER AND AGREEMENT

COMMISSIONER OF INSURANCE
INSURANCE DIVISION OF IOWA

I, Katina L. Parrish, Respondent in this matter, have read, understood, and do knowingly consent to this Order in its entirety. By executing this Consent, I understand that I am waiving my rights to a hearing, to confront and cross-examine witnesses, to produce evidence, and to judicial review.

I further understand this Order is considered a final administrative action that will be reported by the Division to the National Association of Insurance Commissioners and to other regulatory agencies. I also understand this Order is a public record under Iowa Code chapter 22 and information may be shared with other regulatory authorities or governmental agencies, pursuant to Iowa Code § 505.8(8)(d). I also understand this Order will be posted to the Division's website and a notation will be made to the publicly available website record that administrative action has been taken against me.

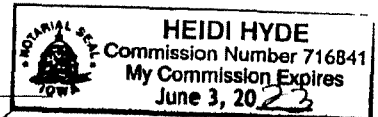
8/13/2021
Date

Katina L. Parrish
Katina L. Parrish, Respondent

413 SW Maplewood DR Grimes IA
Address of Signatory 50111

Subscribed and sworn before me by Katina L. Parrish on this 13 day of August, 2021.

Heidi Hyde
Notary Public for the State of Iowa



Transaction#717094338

[Return to Gateway](#) [View Search Results](#) [View XML Format](#) [Search Again](#) [Logout](#)
Parrish, Katina

Trans. Type: Resident License
 NIPR Trans: 717094338
Check I-SITE Listing
 SSN: [REDACTED]
 Natl. Prod. #: 16450314
 Date of Birth: 12/12/[REDACTED]
 Gender: F
 Resident State: IA
 Res. License Class: Insurance Producer
 Nationality: U.S.A.
 Website: 413 Sw Maplewood Drive

Applicant Info

Residence Address:
 413 SW MAPLEWOD DRIVE
 GRIMES, IA 50111
 U.S.A.

Business Address:

413 SW MAPLEWOD DRIVE
 GRIMES, IA 50111
 U.S.A.

Mailing Address:

413 SW MAPLEWOD DRIVE
 GRIMES, IA 50111
 U.S.A.

Applicant Info Cont.**Business E-mail Address:**

katyparrish12@gmail.com

Individual Applicant E-mail Address:

katyparrish12@gmail.com

Residence Phone #:

(515) 306-2220

Business Phone #:

(515) 306-2220

Employment History

Employer	Employment Dates	Position	Location	Country
Self employed	January 2020 -March 2023	Courier	Grimes, IA	U.S.A.
Self	October 2011 -December 2019	Insurance sales	Grimes, IA	U.S.A.

Background Questions

1A: Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1B: Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

No

1C: Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Note: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine. If you answer yes to any of these questions, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

2: Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

No

3: Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

No

4: Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer yes, identify the jurisdiction(s):

No

5: Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

No

6: Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents.

No

7: Do you have a child support obligation in arrearage?

No

8: In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

NA

- Attestation

1: I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

2: Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

3: I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

4: I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.

5: I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

6: I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

7: For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

8: I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Applicants Certification and Attestation: Yes

Authorizing Officer

Submitter: Producer

Contact Information

Name: KATINA PARRISH

Business E-mail Address: katyparrish12@gmail.com Unknown E-mail Address: katyparrish12@gmail.com Unknown E-mail Address: katyparrish12@gmail.com Individual Applicant E-mail Address: katyparrish12@gmail.com

Transaction Information

State: IA State Fee: \$50.00
 Date Sent: 03/06/2023 Trans Fee: \$5.60
 Source Application: My NIPR Licensing Payment Method: Credit Card
 Validation: Pass
 Status: Pending State Response
 Customer: 83ERL
 Customer Batch: MYNIPR151942112
 Customer Trans#: 2

Licenses/Lines of Authority

License Class	Effective Date	Renew Date	Accepted	Comment Code	Comments
Insurance Producer				96288	Your transaction has been pended for state review.
Insurance Producer				58	RIRS Search Positive.
Insurance Producer				19442	Application is pending criminal history review.
Lines of Authority					
Line of Authority	Effective Date	Renew Date	Accepted	Comment Code	Comments
Accident & Health					

Intermediate Responses

License Class	IR Sent	Action Reqd	Comment Code	Comments
Insurance Producer	Yes	No	96288	Your transaction has been pended for state review.
Insurance Producer	Yes	No	58	Application is under consideration. Contact the State Dept of Insurance for additional information.
Insurance Producer	Yes	No	19442	Application is pending criminal history review.
Insurance Producer	Yes	No	116704	If your application was accepted, you may print your license online at: https://nipr.com/help/print-your-license Hard copy license(s) are no longer sent to you from the state(s) to which you applied.
Insurance Producer	Yes	No	118246	When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail.
Lines of Authority				
No Intermediate Responses for Lines of Authority to display.				

Audit Information

Date	Comments
03/06/2023 09:42:47	Emailed intermediate response to katyparrish12@gmail.com

prod



ATTACHMENT

C

STATE OF IOWA

KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

April 5, 2023

RE: Recommendation to Deny a Resident Producer License Reinstatement After Disciplinary Action

Producer: Katina Parrish
NPN: 16450314

Please be advised that the Iowa Insurance Division's Product and Producer Licensing Bureau ("Licensing Bureau") has received an application for reinstatement following a disciplinary action for Katina Parrish. The Licensing Bureau has reviewed the application for reinstatement, NAIC Uniform License Application, and performed a background check. The Licensing Bureau recommends that Katina Parrish's application be denied. The Licensing Bureau's decision is based on but not limited to the following:

On or around 12/11/2019, Parrish's insurance producer license was suspended due to state debt violation. Her insurance producer license expired 12/30/2020, while the license was in suspended status. Parrish received notification from the Division of the license suspension on or about 12/11/2019.

On or about 8/18/2021, the Division issued a consent order revoking Parrish's insurance producer license. The reason for the revocation, was due engaging in insurance business while suspended and engaging in dishonest practices and demonstrating untrustworthiness. From on or about 12/11/2019 to 4/10/2021, Parrish engaged in acts and practices within the state of Iowa constituting cause for probation, suspension, or revocation of her insurance producer license; cease and desist orders; civil penalties, and other relief under Iowa Code chapters 507A, 507B, and 522B, and rules adopted pursuant to these chapters. From 12/18/2018 until 2/4/2020 Parrish was the agent of record and submitted 26 insurance applications to AFLAC while the license was suspended. On or about 3/15/2020 Parrish filed an application for Pandemic Unemployment Assistance (PUA) with Iowa Workforce Development (IWD) stating that the basis for the PUA was the loss of her sales job, selling insurance policies for AFLAC, and that she was displaced from this job due to COVID. Parrish's insurance producer license had been suspended since December 2019, and her disruption in income was unrelated to COVID. Parrish received \$39,236 in PUA benefits for which she was not entitled.

On or about 3/6/2023, the Iowa Insurance Division received a producer license application for Katina Parrish. The submitter of the application was noted to be Katina Parrish. Background question 1A which reads: "1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?" was answered "No". Background question number 2 which reads: "2. Have you ever been named or involved as a party in an administrative

proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?" was answered "No".

On or about 12/04/1993 the Applicant was convicted for Possession of Alcohol/Beer(minor). This conviction was not disclosed in the original application submitted to the Division on or about 11/2011 at which time the Division requested a statement for the misstatement to background question number 1A. The Applicant should have known or been aware that this conviction should be disclosed on her insurance producer application, but failed to disclose the conviction again.

On or about 4/2001, the Applicant received a deferred judgment for an assault charge. The reason for the misstatement to background question 1A was provided to the Division. The Applicant stated: "I replied "no" to the question as I my recollection of what charges occurred from an incident back in 2001." The Applicant also stated; "I replied "no" due to not knowing the full description and details from an incident dating back to December 4, 1993." The Applicant provided the following statement as to why background question 2 was answered "no"; "I answered "no" due to my lack of fully understanding the question." The Applicant's statement regarding the background question 2 is; "My license was suspended on 12/11/2019 due to an unsettled debt with the Iowa Department of Revenue. I had been working with agents to set up a payment plan, but unfortunately did not take the proper steps to ensure the security of my license from being suspended and subsequently revoked. The aftermath of that resulted in me unknowingly writing insurance policies. I was not aware of my license status due to a death in the family and caretaking of my mother."

On or about 4/4/2023, the Division received a Producer Application for Reinstatement or Reissuance After Disciplinary Action. When asked "My request is based upon the following facts" the Applicant stated "I have resolved the issue at hand in December of 2019 with the Iowa Department of Revenue." This statement does not address the revocation order or the actions that led to the revocation.

It is the Licensing Bureau's recommendation that Katina Parrish's actions which led to the revocation of her producer license and failure to disclose the administrative actions on her Iowa insurance producer license application violates Iowa Code § 522B.11 and that Ms. Parris does not have the character or competence to have her insurance producer license reinstated. Additionally, Ms. Parrish has not proven that the basis for revocation no longer exists and that it would be in the public interest to grant her application.

For the Product and Producer Licensing Bureau,

Jackie Russo

Date Notice Issued: 4/21/2021
Potential Overpayment Amount: \$39,164.00
Time Period Audited: From: 3/15/2020 To: 4/10/2021
PUA Claim #: 002289072

KATINA PARRISH
413 SW MAPLEWOOD DR
GRIMES, IA 50111-2146

ATTACHMENT

D

Dear Ms. Parrish,

Iowa Workforce Development is auditing your Pandemic Unemployment Assistance (PUA) claim.

In order to verify whether you were/are eligible for PUA, we will need you to provide copies of all of the following documents to verify the legitimacy of establishing your PUA Claim with an OC Dates of 3/15/2020.

- **Financial/Banking Records for 1/1/2019 thru 12/31/2020 showing the debits/credits made on behalf of your Business/Employer into your Personal/Business Checking Account**
- **Copy of your 2019 & 2020 Federal Income Tax**
- **Copy of your 2019 & 2020 State of Iowa Income Tax Return**
- **Any/All 1099 issued to you for tax year 2019 & 2020**
- **List of Vendors & or Detailed Customer List that your Employer/Business during tax year 2019 & 2020**
- **Copy of Claimant Iowa Insurance Producer License from Iowa Insurance Division**
- **Verification of your Positive COVID-19 diagnosis as noted on your PUA application**

You are required to supply any/all the requested records listed above no later than 8:00am 4/27/2021. Please scan/email all of the requested documents to daniel.noonan@iwd.iowa.gov

A telephone interview has been scheduled to discuss this matter with you. For quality assurance and training purposes, all telephone communication with Iowa Workforce Development is recorded.

TELEPHONE INTERVIEW

DATE TO PARTICIPATE: 4/27/2021

TIME YOU WILL BE CALLED: 10:00 AM

PHONE NUMBER: 515-306-2220

If your phone # has changed you must call 515-725-3872 with your new # prior to your scheduled interview.

Failure to provide the requested records could result in a disqualification of benefits already paid and/or denial of future benefits.

For your review and records, IWD has enclosed the following documents with this notice, Information about a Telephone Interview, Audit for Reported Benefits issued on your PUA Claim & supporting documents that were submitted when applying for your PUA Claim.

It is your responsibility to review these records prior to your scheduled interview.

Failure to participate by telephone to discuss this matter will result in a decision(s) being issued based on the information in IWD's possession at that time. Failure to participate may also result in a disqualification of unemployment insurance benefits previously paid and future benefits.

An appealable decision(s) will be mailed to you based on the evidence on file. If you do not agree with the decision(s), you must follow the appeal procedures listed on the back of the decision(s).

Unemployment insurance overpayments may result in a denial of future benefits, withholding of State and Federal income tax refunds, interest assessed, filing of a lien, recovery by garnishment, assessment of a 15% penalty and prosecution in District Court.

If the department finds that, with respect to any week of an insured worker's unemployment for which such person claims credit or benefits, such person has, within the thirty-six calendar months immediately preceding such week, with intent to defraud by obtaining any benefits not due under this chapter, willfully and knowingly made a false statement or misrepresentation, or willfully and knowingly failed to disclose a material fact; such person shall be disqualified for the week in which the department makes such determination, and forfeit all benefit rights under the unemployment compensation law for a period of not more than the remaining benefit period as determined by the department according to the circumstances of each case. Any penalties imposed by this subsection shall be in addition to those otherwise prescribed in Iowa Law.



Daniel Noonan, Investigator II
Iowa Workforce Development
1000 E Grand Ave
Des Moines, IA 50319

Phone #: 515-725-3872
Email: daniel.noonan@iwd.iowa.gov

Breakdown of UI Benefits issued for Katina Parrish 4601
From: 3/15/2020 thru 4/10/2021

BWE Date	PUA UI	FPUC UI	LWAP UI	Total UI for BWE
3/21/20	\$428.00	\$0.00	\$0.00	\$428.00
3/28/20	\$428.00	\$0.00	\$0.00	\$428.00
4/4/20	\$428.00	\$600.00	\$0.00	\$1,028.00
4/11/20	\$428.00	\$600.00	\$0.00	\$1,028.00
4/18/20	\$428.00	\$600.00	\$0.00	\$1,028.00
4/25/20	\$136.00	\$600.00	\$0.00	\$736.00
5/2/20	\$136.00	\$600.00	\$0.00	\$736.00
5/9/20	\$136.00	\$600.00	\$0.00	\$736.00
5/16/20	\$428.00	\$600.00	\$0.00	\$1,028.00
5/23/20	\$428.00	\$600.00	\$0.00	\$1,028.00
5/30/20	\$428.00	\$600.00	\$0.00	\$1,028.00
6/6/20	\$428.00	\$600.00	\$0.00	\$1,028.00
6/13/20	\$428.00	\$600.00	\$0.00	\$1,028.00
6/20/20	\$428.00	\$600.00	\$0.00	\$1,028.00
6/27/20	\$428.00	\$600.00	\$0.00	\$1,028.00
7/4/20	\$428.00	\$600.00	\$0.00	\$1,028.00
7/11/20	\$856.00	\$1,200.00	\$0.00	\$2,056.00
7/18/20	\$428.00	\$600.00	\$0.00	\$1,028.00
7/25/20	\$428.00	\$600.00	\$0.00	\$1,028.00
8/1/20	\$428.00	\$0.00	\$300.00	\$728.00
8/8/20	\$428.00	\$0.00	\$300.00	\$728.00
8/15/20	\$428.00	\$0.00	\$300.00	\$728.00
8/22/20	\$428.00	\$0.00	\$300.00	\$728.00
8/29/20	\$428.00	\$0.00	\$300.00	\$728.00
9/5/20	\$428.00	\$0.00	\$300.00	\$728.00
9/12/20	\$428.00	\$0.00	\$0.00	\$428.00
9/19/20	\$428.00	\$0.00	\$0.00	\$428.00
9/26/20	\$428.00	\$0.00	\$0.00	\$428.00
10/3/20	\$428.00	\$0.00	\$0.00	\$428.00
10/10/20	\$428.00	\$0.00	\$0.00	\$428.00
10/17/20	\$428.00	\$0.00	\$0.00	\$428.00
10/24/20	\$428.00	\$0.00	\$0.00	\$428.00
10/31/20	\$428.00	\$0.00	\$0.00	\$428.00
11/7/20	\$428.00	\$0.00	\$0.00	\$428.00
11/14/20	\$428.00	\$0.00	\$0.00	\$428.00
11/21/20	\$428.00	\$0.00	\$0.00	\$428.00
11/28/20	\$428.00	\$0.00	\$0.00	\$428.00
12/5/20	\$428.00	\$0.00	\$0.00	\$428.00
12/12/20	\$428.00	\$0.00	\$0.00	\$428.00
12/19/20	\$428.00	\$0.00	\$0.00	\$428.00
12/26/20	\$428.00	\$0.00	\$0.00	\$428.00
1/2/21	\$428.00	\$300.00	\$0.00	\$728.00
1/9/21	\$428.00	\$300.00	\$0.00	\$728.00
1/16/21	\$428.00	\$300.00	\$0.00	\$728.00
1/23/21	\$428.00	\$300.00	\$0.00	\$728.00
1/30/21	\$428.00	\$300.00	\$0.00	\$728.00
2/6/21	\$428.00	\$300.00	\$0.00	\$728.00
2/13/21	\$428.00	\$300.00	\$0.00	\$728.00
2/20/21	\$428.00	\$300.00	\$0.00	\$728.00
2/27/21	\$428.00	\$300.00	\$0.00	\$728.00
3/6/21	\$428.00	\$300.00	\$0.00	\$728.00
3/13/21	\$428.00	\$300.00	\$0.00	\$728.00
4/3/21	\$428.00	\$300.00	\$0.00	\$728.00
4/10/21	\$428.00	\$300.00	\$0.00	\$728.00
	Total PUA \$22,664.00	Total FPUC \$14,700.00	Total LWAP \$1,800.00	Grand Total of Overpayment \$39,164.00

INFORMATION ABOUT A TELEPHONE FACT-FINDING INTERVIEW

1. This NOTICE TO REPORT is a notice to participate in a telephone interview with a Workforce Development Investigator at the date and time scheduled. The investigator will call you at the phone number listed. If your number has changed, please contact the Investigator prior to your interview. If you fail to participate or contact the Investigator prior to the date and time of your interview, you may lose your Unemployment Insurance Benefits.
2. A fact-finding interview is an informal interview between you, possibly a present or former employer, and the Investigator.
3. This NOTICE TO REPORT will state the reason you are being called. During the fact-finding interview, the Investigator will ask you questions and give you an opportunity to explain your position on this issue, and to present any witnesses or evidence you have.
4. If an employer is involved, the Investigator will also ask the employer questions and allow the employer to present facts and evidence.
5. A written statement of your position will be prepared by the Investigator and you will be asked to sign it. Since this is your statement, do not sign it until you have read it and you are satisfied with what it says.

BE PREPARED FOR THE INTERVIEW

1. If you do not understand the notice, contact the Investigator and ask that the general purpose of the interview be explained. Be prepared before the interview. Think about what you want to say during the interview. You may want to make out a list of points, dates and important facts that you want to present during the interview.
2. You may have witnesses who can help verify your facts. If your witnesses cannot participate during the interview, have them write and sign statements to present and send to the Investigator. You may also ask questions of the opposing party or of the opposing party's witnesses.
3. You may review the Iowa Employment Security Law, the Iowa Workforce Development Administrative Rules, and other written rules and authority that apply in your case. You may obtain copies, if you need them, at any Workforce Development Center. If you are not sure what law or rules apply, ask at your local Workforce Development Center.
4. You may represent yourself during the interview or you may obtain a lawyer or other interested party to do so, provided there is no expense to Iowa Workforce Development. If you wish to be represented by a lawyer, you may obtain the services of either a private attorney or an attorney whose services are paid for with public funds. Both are listed in the yellow pages of the phone book.
5. Any new issues which may result in termination of benefits which arise during the course of this fact-finding interview will be explained and provided to you in writing. You may present evidence or argument on this new issue at the time, or you will be given the opportunity to submit additional written and oral testimony at a fact-finding interview scheduled with a three (3) day advance notice.
6. You may inspect and photocopy anything contained in your claim file. You may also tape record the interview with your own equipment and at your own expense. All parties must be informed that they are being tape recorded.

Notice: Unemployment Insurance Benefits Document
Aviso: Documento De Beneficios Del Seguro De Desempleo

IMPORTANT!

This document contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document.
If needed, call 866-239-0843 for assistance in the translation and understanding of the information in the document you have received.

¡IMPORTANTE!

Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de de seguro de desempleo. Es muy importante que usted entienda la información contenida en este documento.
INMEDIATAMENTE: Si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, llame al 866-239-0843.

QUAN TRỌNG

Tài liệu này chứa đựng tin tức quan trọng về quyền hạn, trách nhiệm và/hoặc những lợi lộc được đền bù trong khi thất nghiệp. Đó là điều tối cần thiết mà quý vị phải hiểu rõ những tin tức trong tài liệu này.
MỘT CÁCH NHANH CHÓNG: Nếu cần xin hãy gọi số 866-239-0843 để được giúp đỡ trong việc phiên dịch và hiểu rõ những tin tức trong tài liệu quý vị đã nhận.

중요!

이 문서는 실업보상 권리, 책임 및/또는 혜택에 대한 중요한 정보가 포함 되어 있습니다. 이 문서에 있는 정보를 이해 하는 것은 매우 중요합니다.
즉시: 받으신 문서의 번역 및 이해를 위해서 도움이 필요하시면 866-239-0843 로 연락을 하시기 바랍니다.

ສິ່ງສໍາຄັນ!

ເອກະສານນີ້ (ເຫຼົ່ານີ້) ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບສິດທິໄດ້ຮັບການຄິດເຊີຍການຫວ່າງງານ, ຄວາມຮັບຜິດຊອບຂອງທ່ານ, ແລະ / ຫຼື ຜົນປະໂຫຍດຕ່າງໆ. ມັນເປັນສິ່ງທີ່ສໍາຄັນຫຼາຍທີ່ທ່ານເຂົ້າໃຈຂໍ້ມູນໃນເອກະສານນີ້.
ເສັ້ນຕາຍສໍາລັບການອຸທອນ: ຖ້າຫາກທ່ານບໍ່ເຫັນດີນໍາການກໍານົດຫຼືການຕັດສິນໃຈ, ທ່ານຕ້ອງອິ້ນການອຸທອນກ່ອນວັນເສັ້ນຕາຍທີ່ລະບຸໄວ້ໃນເອກະສານນີ້.
ທັນທີ: ຖ້າວ່າເປັນ, ໃຫ້ໂທຫາ 866-239-0843 ສໍາລັບການຊ່ວຍເຫຼືອໃນການແປພາສາ ແລະ ຄວາມເຂົ້າໃຈຂໍ້ມູນໃນເອກະສານທີ່ທ່ານໄດ້ຮັບ.

重要提示 !

这份文件包含有关失业补偿的权利、责任和/或利益的重要信息。您需要理解本文件中的信息，这一点至关重要。
立即：如果需要，请拨打 866-239-0843, 可获得帮助，以利您翻译和理解所收到的文件中的信息。

هَام!

أى بوكاى الأهويت هي البطالت بتعويض الوتعلمت الونافع أو/و الوسؤوليات أو/و الحموق بشأى هاهت معلوهاث الونائك/الوثيمت هره تتضوي في الوازدة العلوهاث تفهن الونائك/الوثيمت هره في الوازد العلوهاث وفهن تسجوت في الوساعدة على للحصول 488 902 3480 السلن على الاتصال يسجى، الأهس لزم إذا: الفور على - - تلميتها التي

WICHTIG!

Diese(s) Dokument(e) enthält (enthalten) wichtige Hinweise zu ihren Rechten, Pflichten bzw. Leistungen im Rahmen der Arbeitslosenunterstützung. Es ist entscheidend, dass Sie die Informationen in diesem Dokument verstehen.
SOFORT: Sofern erforderlich, rufen Sie die Telefonnummer 866-239-0843 an und erkundigen sich nach Hilfsdiensten bei der Übersetzung und zum Verständnis der Informationen in dem (den) von Ihnen erhaltenen Dokument(en).

Claim Detail

Search

Claim Detail
002289072

Comments

Claimant	
SSN:	<input type="text"/>
Name:	PARRISH, KATINA

Determination		
Decision:	Allowed	<input checked="" type="checkbox"/> Generate Decision Letter
Determination Date	June 26, 2020	
Effective Date	Sunday, March 15, 2020	
PUA Period Start Date	Sunday, March 15, 2020	<input type="text"/> <input type="text"/>
Benefit End Date	Saturday, March 21, 2020	
Weekly Benefit Amount:	\$428.00	<input type="text"/>
Maximum Benefit Amount:	\$16,692.00	

Claim Basics	
Date Filed	June 26, 2020
Last Day Worked	June 26, 2020
Reason for Unemployment:	I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis
Explanation:	
Telework Option:	No
Applicant Type:	Unemployed self-employed individual

Monetary	
Dependents:	1
Wages Q1:	\$9,424.63
Wages Q2:	\$9,424.63
Wages Q3:	\$9,424.63
Wages Q4:	\$9,424.63

Employer Info	
Business Name:	
Type of Business:	
Job Title:	
Type of work:	
Date Began:	
Last Date Worked:	
Paid Leave:	No
Full or Part Time:	Full
Hours/Week (Pre COVID-19):	

Pension Info	
Deduction Amount:	
BWE to start:	

Audit Info	
Created By:	CID/JSHEPHERD
When Created:	Friday, June 26, 2020 2:45:33 PM CDT
Last Modified By:	DUA2/DNOONAN
When Modified:	Wednesday, April 21, 2021 7:37:51 AM CDT

dua2 (v2.3.4)

IOWA WORKFORCE DEVELOPMENT-Unemployment Insurance**1000 East Grand Avenue, Des Moines, Iowa 50319-0209**

ASSESSMENT FOR PUA BENEFITS

Claim Number: 002289072

Date Filed: June 26, 2020

Decision Date: June 26, 2020

Dependents: 1

KATINA PARRISH
413 SW MAPLEWOOD DR
GRIMES IA 50111-2146

Effective 2020-03-15-05:00 you are eligible to receive a weekly Pandemic Unemployment Assistance (PUA) benefit amount of \$428.00. You are able to receive no more than 39 weeks combined of regular unemployment, PUA, and extended benefits. Any regular UI or extended benefits received February 02, 2020 or after will be deducted from your 39 weeks.

The PUA weekly benefit amount (WBA) is computed under the provisions of applicable laws of Iowa, 20 CFR 625.6(b) implementing the Stafford Act and COVID-19 public health emergency as prescribed under CARES act Section 2102. If your wages do not meet the state monetary eligibility requirements, you will receive the minimum PUA payment of \$203.00. Using the state calculation, any WBA that is less than the PUA minimum will be increased to the PUA minimum. If you are entitled to receive regular unemployment benefits or if you fail to meet all other eligibility requirements, you will no longer be eligible for PUA.

This decision becomes final unless an appeal is postmarked by May 02, 2021 or received by the appeals section by that date. If this date falls on a Saturday, Sunday or legal holiday, the appeal period is extended to the next working day. If an appeal is filed, you should continue to file weekly claims if you remain unemployed.

The PUA WBA is based on wages shown on this form. If any of the wage information is not correct, you can submit proof of your wage information until December 26, 2020 to recalculate your benefits. If your WBA was approved for an amount over the PUA minimum of \$203.00 and you did not provide proof of earnings when you were approved for PUA, you have 21 days from the date of this notice to provide proof of earnings. Failure to provide proof of earnings within 21 days will result in a reduction of your PUA WBA to the PUA minimum of \$203.00. You will be required to repay any benefits you were paid that you were not eligible to receive.

To deter and detect fraud, Iowa Workforce Development will randomly audit claims. If you knowingly make or cause another person to make a false statement or knowingly fail or cause another person to fail to disclose a material fact and as a result you receive federal unemployment benefits to which you are not entitled, you shall be subject to prosecution under section 1001 of title 18, United States Code.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$9,424.63	\$9,424.63	\$9,424.63	\$9,424.63

THIS IS AN OFFICIAL DETERMINATION OF YOUR PANDEMIC UNEMPLOYMENT ASSISTANCE ENTITLEMENT

If this decision is appealed either by you or any interested party, you should continue to file your weekly claim while unemployed to protect your benefit rights.

This decision will become final unless, within 10 days after the decision was mailed to the last known address, you or any interested party submits a written appeal to the Appeals Section of Iowa Workforce Development. The request for appeal may be mailed to 1000 E Grand Ave., Des Moines, IA 50319; faxed to (515) 478-3528; or entered on-line at www.iowaworkforcedevelopment.gov/ui-appeal

An appeal should state the following:

1. The name, address and social security number of the person applying for unemployment benefits.
2. A reference to the decision you are appealing.
3. The fact that you are appealing the decision.
4. An explanation for why you disagree with the decision that is being appealed.
5. Whether you need an interpreter and, if so, what language

YOU HAVE THE RIGHT TO HIRE A LAWYER AT YOUR OWN EXPENSE IN THESE PROCEEDINGS.

PUA A Monetary Determination 67-0003 (06-2020)

Iowa Workforce Development is an Equal Opportunity Employer and does not discriminate in its programs and services on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in WIOA.

Auxiliary aids and services are available upon request to individuals with disabilities.

SUBMISSION #45002

[View \(/node/44316/submission/449476\)](/node/44316/submission/449476)
[Edit \(/node/44316/submission/449476/edit\)](/node/44316/submission/449476/edit)
[Resend e-mails \(/node/44316/submission/449476/resend?destination=node/44316/submission/449476\)](/node/44316/submission/449476/resend?destination=node/44316/submission/449476)
[Previous submission \(/node/44316/submission/449471\)](#)
[Next submission \(/node/44316/submission/449481\)](#)

Submission information

Form: [Pandemic Unemployment Assistance Proof of Earnings Submission \(/pandemic-unemployment-assistance-proof-earnings-submission\)](/pandemic-unemployment-assistance-proof-earnings-submission)

Submitted by Anonymous (not verified)

Friday, May 22, 2020 - 17:02

174.243.83.107

Handled

First Name Katina

Middle Initial L

Last Name Parrish

Phone Number

Email Address katyparrish12@gmail.com

Re-Enter Email Address katyparrish12@gmail.com

Social Security Number [REDACTED]

Re-Enter Social Security Number

Are you unemployed or working reduced hours as a result of COVID-19? Yes

What is the reason for your unemployment (please pick the item that best fits your situation)? 1

Provide a detailed explanation for why you are filing an unemployment insurance claim sales

Included File [2019_1099.docx](https://www.iowaworkforcedevelopment.gov/system/files/webform/pandemic/2020-5-22/2019%201099.docx) (<https://www.iowaworkforcedevelopment.gov/system/files/webform/pandemic/2020-5-22/2019%201099.docx>)

Included File 2

Included File 3

Certification
Required Certification

Internal Notes

[Previous submission \(/node/44316/submission/449471\)](#) [Next submission \(/node/44316/submission/449481\)](#)

(0)

ABOUT US

Iowa Workforce Development Overview (</about>)

Labor Market Information (<https://www.iowalmi.gov>)

Division of Labor (<https://www.iowadivisionoflabor.gov/>)

Division of Workers' Compensation (<http://www.iowaworkcomp.gov/>)

BOARDS AND COMMITTEES

State Workforce Development Board (<https://www.iowawdb.gov/state-workforce-development-board-home-page>)

Minority Unemployment and Outreach Standing Committee (<https://www.iowawdb.gov/about-minority-unemployment-and-outreach-committee>)

AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS
 1932 WYNNNTON ROAD
 COLUMBUS, GA 31999
 706-323-3431

PARRISH KATINA 413
 SW MAPLEWOOD DR
 GRIMES, IA 1 1

[3 CORRECTED (if checked)]

ERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS 1932 WYNNNTON ROAD COLUMBUS, GA 31999 706-323-3431		ZIP	© 'B No. 1545-0115		2019 Form 1099-WSC	Miscellaneous Income
PAYER'S TIN		RECIPIENT'S TIN		1 Other income		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code PARRISH KATINA 413 SW MAPLEWOOD DR GRIMES, IA 51511		2 Fishing boat proceeds		3 Non-qualified annuities	4 Substantive payments in lieu of dividends or interest	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
5 Payer made direct sale of \$5,000 or more of borrower's products to a buyer (recipient) for resale		6 \$37,697.62		10 Cmp		
Account number (see instructions) WV568	FATCA filing requirement	STMe		State		
*S. 40AA						

SUBMISSION #34406

[View \(/node/44316/submission/359271\)](/node/44316/submission/359271)

[Edit \(/node/44316/submission/359271/edit\)](/node/44316/submission/359271/edit)

[Resend e-mails \(/node/44316/submission/359271/resend?destination=node/44316/submission/359271\)](/node/44316/submission/359271/resend?destination=node/44316/submission/359271)

[Previous submission](#)

[\(/node/44316/submission/359266\)](/node/44316/submission/359266)

[Next submission \(/node/44316/submission/359276\)](/node/44316/submission/359276)

Submission information

Form: [Pandemic Unemployment Assistance Proof of Earnings Submission \(/pandemic-unemployment-assistance-proof-earnings-submission\)](/pandemic-unemployment-assistance-proof-earnings-submission)

Submitted by Anonymous (not verified)

Monday, May 4, 2020 - 12:49

75.162.142.110

Handled

First Name Katina

Middle Initial L

Last Name Parrish

Phone Number

Email Address katyparrish12@gmail.com

Re-Enter Email Address katyparrish12@gmail.com

Social Security Number [REDACTED]

Re-Enter Social Security Number

Are you unemployed or working reduced hours as a result of COVID-19? Yes

What is the reason for your unemployment (please pick the item that best fits your situation)? 1

Provide a detailed explanation for why you are filing an unemployment insurance claim

Included File 2019 1099.pdf (<https://www.iowaworkforcedevelopment.gov/system/files/webform/pandemic/2020-5-04/2019%201099.pdf>)

Included File 2

Included File 3

Certification

Required Certification

Internal Notes

[Previous submission \(/node/44316/submission/359266\)](/node/44316/submission/359266)

[Next submission \(/node/44316/submission/359276\)](/node/44316/submission/359276)

(/)

ABOUT US

[Iowa Workforce Development Overview \(/about\)](/about)

[Labor Market Information \(https://www.iowalmi.gov\)](https://www.iowalmi.gov)

[Division of Labor \(https://www.iowadivisionoflabor.gov/\)](https://www.iowadivisionoflabor.gov/)

[Division of Workers' Compensation \(http://www.iowaworkcomp.gov/\)](http://www.iowaworkcomp.gov/)

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AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS
 1932 WYNNTON ROAD
 COLUMBUS, GA 31999
 706-323-3431

PARRISH KATINA
 413 SW MAPLEWOOD DR
 GRIMES, IA 50111

CORRECTED (if checked)

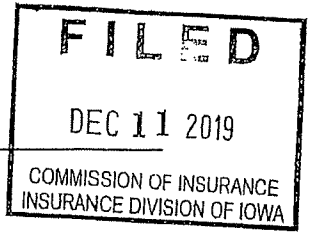
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS 1932 WYNNTON ROAD COLUMBUS, GA 31999 706-323-3431		1 Rents 2 Royalties 3 Other income	OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	4 Federal income tax withheld 5 Fishing boat proceeds	6 Medical and health care payments 7 Nonemployee compensation \$37,697.52	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code PARRISH KATINA 413 SW MAPLEWOOD DR GRIMES, IA 50111		8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	9 State tax withheld 10 State Payer's state int. IA	11 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 15 State income
Account number (see instructions) WW566	FATCA filing requirement <input type="checkbox"/>	16 State tax withheld	17 State Payer's state int. IA	18 State income
15a Section 409A deferrals	15b Section 409A income			

Form 1099-MISC

(keep for your records) www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

BEFORE THE IOWA INSURANCE COMMISSIONER



IN THE MATTER OF)	Division Case No. 103484
)	
KATINA PARRISH,)	ORDER FOR SUSPENSION
NPN 16450314,)	
DOB 12/12/XXXX,)	
Respondent.)	

This matter comes before the Iowa Insurance Commissioner upon submission of a Certificate of Noncompliance from the Iowa Department of Revenue (“Revenue”).

1. Katina Parrish (“Respondent”) submitted an application for insurance producer licensure designating the Commissioner as Respondent’s agent for service of process and was issued an Iowa insurance producer license under National Producer Number 16450314.

2. Pursuant to Iowa Code § 272D.8 and Iowa Administrative Code rule 191—10.23, the Commissioner issued a notice to Respondent advising that the Certificate of Noncompliance was received and that Respondent’s Iowa insurance producer license would be suspended in 60 days unless Revenue withdrew the Certificate of Noncompliance.

3. The Iowa Insurance Division mailed the letter notifying Respondent of the intended suspension by restricted certified mail, return receipt requested, and by regular first class mail on October 1, 2019. That notice was delivered and signed for by the Respondent on October 10, 2019.

4. The regular first class mailing has not been returned to date.

5. The 60 day notice period has now passed and Revenue has not withdrawn the Certificate of Noncompliance.

6. The Commissioner has authority to order the suspension of the insurance producer license of Respondent pursuant to Iowa Code § 272D.8 and Iowa Administrative Code rule 191—10.23.


IT IS THEREFORE ORDERED that the Iowa insurance producer license of Katina Parrish is suspended as of the date of this Order.

IT IS FURTHER ORDERED that Katina Parrish shall not be eligible for license reinstatement, reissuance, or renewal until all of the following has occurred:

1. Revenue issues a Withdrawal of the Certificate of Noncompliance;
2. Respondent makes the appropriate Application for Reinstatement or Reissuance and this application is approved by the Commissioner or his designee;
3. Respondent pays all applicable fees; and
4. Respondent complies with all other insurance statutes and regulations.

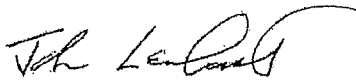
So ORDERED this 11th day of December, 2019.

COMMISSIONER OF INSURANCE



Douglas M. Ommen
Commissioner of Insurance

Respectfully submitted,



John Leonhart
Iowa Insurance Division
Compliance Attorney
john.leonhart@iid.iowa.gov
(515) 281-4029

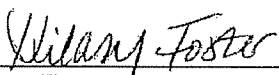
CERTIFICATE OF SERVICE

County of Polk)
)
State of Iowa)

The undersigned certifies under penalty of perjury that he has entered the above order into the records of the Iowa Commissioner of Insurance and on the 17th day of December, 2019, the foregoing order was delivered to the United States Postal Service, postage prepaid, for first class mail to:

Katina Parrish
413 SW Maplewood Dr
Grimes, IA 50111

I further certify that the foregoing order was sent by email to:
katina_parrish@us.aflac.com.

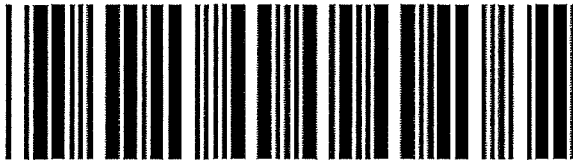


Hilary Foster
Iowa Insurance Division

CC:
Iowa Department of Revenue
Attn: License Sanction
PO Box 10330
Des Moines, IA 50306-0330

Ship Request Form

Ship Request #: 036963



Sender

Name: Workforce Development
Account #:
Phone: 5152815143
Email: shipping@iowa.gov33
Mall Stop:
Building
Floor:
Department:

Recipient

Attn To: KATINA PARRISH
Company: KATINA PARRISH
Address: 413 SW MAPLEWOOD DR

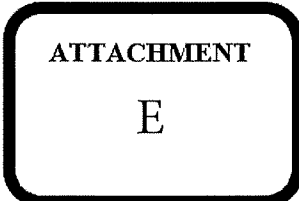
City: GRIMES
State: IA
Zip: 50111-2146
Country: US

Shipping Instructions

Postage ID: WORKFORCE DEVELOPMENT
Choice: ERR Restricted Delivery: false

Items

Units	Description	Code	Origin	Unit Value	Total Value
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Insurance Division

Producer Application for Reinstatement or Reissuance After Disciplinary Action

Submission Info

National #	16450314
Last Name	Parrish
First Name	Katina
Submitted Date	4/4/2023 10:48:31 AM
User	75.162.93.219
Submission Id	115e6840-fb49-483a-b6e8-1a8f5cc4a957
Start Date	4/4/2023 10:31:54 AM
Receipt Id	15108944
IP Address	75.162.93.219
Receipt Date	4/4/2023 10:48:31 AM
Status	Submitted
Workflow Completed Date	

Response Data

Statement in Support

I understand that I am submitting a reinstatement/reissuance after a disciplinary action application. This

submission will not reinstate my insurance producer license for failure to renew prior to expiration. Insurance producer license renewals that need to be reinstated for failure to renew and have not had a disciplinary action, please visit www.nipr.com and renew your license. The reinstatement fee will automatically be calculated upon submission.:

true

Section Title: Producer Information

National Number:

16450314

First Name:

Katina

Last Name:

Parrish

Address:

413 SW Maplewood Drive

City:

Grimes

State:

IA

Zip:

50111

Email:

katyparrish12@gmail.com

Phone Number:

515-306-2220

I request the reinstatement or reissuance of my Iowa insurance producer license.:

true

License was suspended on the following date.:

12/11/2019

My request is based upon the following facts:

I have resolved the issue at hand in December of 2019 with the Iowa Department of Revenue

Since revocation, suspension, or forfeiture, have you been charged or convicted of a misdemeanor, felony or military offense, had a judgment withheld or deferred, or are you currently involved as a party to an administrative proceeding, in this or any other state, which has not been previously reported to this Insurance department? :

No

If yes, please explain.:

Since revocation, suspension, or forfeiture, what have you been doing for employment?:

self employed, courier

Section Title: Attestation Statement

I certify, under penalty of perjury, that I am the person listed as applicant above and all information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation

or denial of the license and may subject me to civil or criminal penalties.:

true

Section Title: Fee Acknowledgement

The fee associated with this application is \$100.:

true

All payments have a \$1.50 IOWAccess fee and a \$.09 epayment fee. Credit card payments have an additional credit card fee of 2.5% of the total. :

true

Once I submit this form, all fees paid are non-refundable.:

true

Data Fields

First Name	Katina
Last Name	Parrish
NationalNumber	16450314
Name	
Address1	413 SW Maplewood Drive
Address2	
City	Grimes
State	IA
Zip	50111
Phone	515-306-2220
Email	katyparrish12@gmail.com
CompanyName	

Workflow Info

Review Step (https://appengine.egov.com/apps/ia/115e6840-fb49-483a-b6e8-1a8f5cc4a957/4ef65337-7235-41a9-a04a-05f022116fc0)

:
4/4/2023 3:48:31 PM
:
Application Submitted
:
75.162.93.219
:
:
Submitted

Copyright © 2021 NIC Iowa - All rights reserved.

:

4/4/2023 3:48:32 PM

:

Email Sent

:

System

:

Email message sent to producer.licensing@iid.iowa.gov.

:

Submitted

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

(Please Print or Type)

ATTACHMENT

F

Check appropriate boxes for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: ___ Home State License #: _____
- New Application
- Additional Line of Authority

Demographic Information	
① [Redacted] er	② If assigned, National Producer Number (NPN)

③ If applicable, FINRA Individual Central Registration Depository (CRD) Number

④ Last Name Parrish	JR./SR. etc	⑤ First Name Katina	⑥ Middle Name Leah	⑦ Date of Birth (month) 12 (day) 12 (year) [Redacted]
-------------------------------	-------------	-------------------------------	------------------------------	--

⑧ Residence/Home Address (Physical Street) 413 SW Maplewood Drive	⑨ City Grimes	⑩ State IA	⑪ Zip Code 50111	⑫ Foreign Country
---	-------------------------	----------------------	----------------------------	-------------------

⑬ Home Phone Number 515 306 2220	⑭ Gender (Circle One) Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	⑯ Are you a Citizen of the United States? (Check One) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)
⑰ Business Entity Name		

⑱ Business Address (Physical Street)	⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip Code	㉓ Foreign Country
--------------------------------------	------------	--------	---------	------------	-------------------

㉔ Business Phone Number (include extension)	㉕ Business Fax Number	㉖ Business E-Mail Address	㉗ Business Web Site Address
---	-----------------------	---------------------------	-----------------------------

㉘ Applicant's Mailing Address	㉙ P.O. Box	㉚ City	㉛ State	㉜ Zip Code	㉝ Foreign Country
-------------------------------	------------	--------	---------	------------	-------------------

⑳ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

b. List any trade names under which you are currently doing business or intend to do business.

(May be subject to state approval)

Agency or Business Entity Affiliations

㉞ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㉟ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
Self employed	02	2022	04	2023	courier
City Grimes State IA Foreign Country					
Affordable Property Solutions	09	2021	02	2022	admin assistant
City Grimes State IA Foreign Country					
Self employed	01	2020	09	2021	caretaker
City Grimes State IA Foreign Country					
Self employed	11	2011	12	2019	
City Grimes State IA Foreign Country					

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

Applicant Name: Katina Parrishp

Jurisdiction and Type of License Requested

Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: A – Agent B – Broker P – Producer SLP – Surplus Lines Producer

Lines of Authority: V – Variable L – Life H – Accident & P – Property C – Casualty PL – Personal Lines
 Life/Variable Annuity Health or Sickness

Limited Lines: Credit – Credit CR – Car Rental CROP – Crop T – Travel S – Surety O – Other: Specify
 Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA			✓				✓									
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: Kalina Parrish

Background Questions

38) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

Yes No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A Yes No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

N/A Yes No

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?

Yes No

NOTE: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?

Yes No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes No

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes No

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: Katina Parrish

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage?

Yes No

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Months
Yes No
Yes No

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A Yes No

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes No

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

39 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

April 3, 2023

Month/Day/Year


Original Applicant Signature

Katina Leah Parrish

Full Legal Name (Printed or Typed)

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

1. Response in regards to pending insurance application for
Question 1:

I replied "no" due to not knowing the full description and details from an incident dating back to December 4, 1993.

At the age of 19, I entered an establishment where I should not have been as I was underage and subsequently charged with Possession of alcohol/beer as a minor.

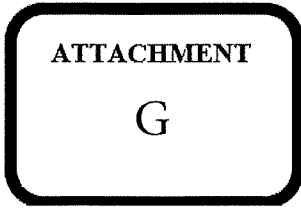
2. Response in regards to pending insurance application for
Question 2:

My license was suspended on 12/11/2019 due to an unsettled debt with the Iowa Department of Revenue.

I had been working with agents to set up a payment plan, but unfortunately did not take the proper steps to ensure the security of my license from being suspended and subsequently revoked.

The aftermath of that resulted in me unknowingly writing insurance policies. I was not aware of my license status due to a death in the family and caretaking of my mother.

I answered "no" due to my lack of fully understanding the question.



Producer Licensing, IID <producer.licensing@iid.iowa.gov>

Name: PARRISH, KATINA Type: Resident License License Type: Insurance
Producer NPN: 16450314 Transaction Number: 717094338

1 message

Producer Licensing, IID <producer.licensing@iid.iowa.gov>
To: katyparrish12@gmail.com

Thu, Mar 30, 2023 at 11:37 AM

Katina,

Following up on the two emails that were sent on 3/14/2023 from sbs@naic.org. The Division has not received any yet.

Let me know if you have any questions.

Thank you,
Charles
515-654-6573

For the Division,



1963 Bell Ave, Suite 100
Des Moines, Iowa 50315
Phone: 515-654-6565 · Fax: 515-654-6500
producer.licensing@iid.iowa.gov



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2 attachments

Question #2 Agent revise.pdf
149K

Question #1 Resident revise (4).pdf
149K

1. Response in regards to pending insurance application for
Question 1:

I replied “no” to the question as I my recollection of what charges occurred from an incident back in 2001.

The incident involved myself and another coworker while working at a restaurant. We collided in the entry way of the kitchen. Charges were brought against me, where I felt the best way to resolve was to use a deferred judgment and move past the occurrence.



Producer Licensing, IID <producer.licensing@iid.iowa.gov>

Re: Corrected application

1 message

Katy Parrish <katyparrish12@gmail.com>
To: "Producer Licensing, IID" <producer.licensing@iid.iowa.gov>

Tue, Apr 4, 2023 at 3:26 PM

On Tue, Apr 4, 2023 at 11:22 AM Producer Licensing, IID <producer.licensing@iid.iowa.gov> wrote:
Katina,

I am missing a statement for the highlighted below,

March 14, 2023

**KATINA PARRISH
413 SW MAPLEWOD DRIVE
GRIMES, IA 50111**

Sent via email to: , katyparrish12@gmail.com

Re: Pending resident application

Dear KATINA PARRISH,

Based on information we have received when completing a background check it appears you should have answered yes to one or more of the following background question(s) under #1 on the NIPR online application. The Division found a deferred assault charge from 2001.

1A. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1B. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1B1. If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033

Thank you,
Charles

For the Division,



1963 Bell Ave, Suite 100
Des Moines, Iowa 50315
Phone: 515-654-6565 · Fax: 515-654-6500
producer.licensing@iid.iowa.gov



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On Tue, Apr 4, 2023 at 10:44 AM Katy Parrish <katyparrish12@gmail.com> wrote:

I rescanned both the application and the statement in one pdf. I noticed that I did not apply my signature on the last page of the application.

Thank you

On Tue, Apr 4, 2023 at 8:12 AM Producer Licensing, IID <producer.licensing@iid.iowa.gov> wrote:

Katina,

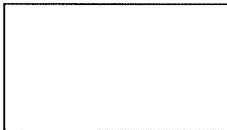
Please resend your statement. I was unable to open it.

Also, please complete the Reinstatement and Reissuance After Disciplinary Action application since your license was previously revoked https://appengine.egov.com/apps/ia/iid_disciplinary

Let me know if you have any questions.

Thank you,
Charles
515-654-6573

For the Division,



1963 Bell Ave, Suite 100
Des Moines, Iowa 50315
Phone: 515-654-6565 · Fax: 515-654-6500
producer.licensing@iid.iowa.gov



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On Mon, Apr 3, 2023 at 4:31 PM Katy Parrish <katyparrish12@gmail.com> wrote:

Attached is the corrected application as well as my written statement.
Thank you for your consideration.

Katina Parrish



Response 4.4.23.docx
16K