



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261 Fax (603) 271-1406
TDD Access: Relay NH 1-800-735-2964

Christopher R. Nicolopoulos
Commissioner

David J. Bettencourt
Deputy Commissioner

Via Email: ericosterjr@gmail.com

VIA FIRST-CLASS & CERTIFIED MAIL: 7008 1830 0000 1272

Eric Oster, Jr.
1946 Fittin Ct
Lantana, FL 33461

Re: Order to Show Cause & Notice of Hearing
Docket No.: INS No. 21-046-EP

Mr. Oster,

Enclosed please find an Order to Show Cause and Notice of Hearing issued by Commissioner Christopher Nicolopoulos.

A hearing in this matter has been scheduled on **August 25, 2021 at 1:00 PM** at the New Hampshire Insurance Department located at 21 South Fruit Street, Suite 14, Concord, NH. You may find driving directions and additional information on our website at <http://www.nh.gov/insurance>

Sincerely,

/s/ Joshua Hilliard

Joshua S. Hilliard, Esq.
Enforcement Counsel

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

**In Re: Eric Oster, Jr.
Docket No.: Ins. No. 21-046-EP**

**ORDER TO SHOW CAUSE
AND
NOTICE OF HEARING**

The New Hampshire Insurance Department ("NHID") orders Eric Oster, Jr. ("Respondent") to show cause why the New Hampshire Insurance Commissioner should not revoke his license and levy an administrative fine against him. In support of the Order to Show Cause and pursuant to RSA 541-A:31, RSA 400-A:17 *et seq.* and Ins Chapter 200, the NHID states as follows:

STATEMENT OF FACTS

1. Respondent is a Florida domiciled insurance producer with a business address of 1946 Fittin Court, Lantana Florida, 33461. He is licensed in approximately 43 states for the following insurance lines: Accident and Health or Sickness.
2. On or about October 26, 2020, Respondent completed an application for a non-resident NH insurance producer license. Respondent paid the \$216.18 non-refundable fee for this license, his transaction was processed, and his license was approved.
3. Sometime after that transaction, Respondent disputed the \$216.18 fee to his credit card company; that transaction was reversed. As a result, Respondent has not paid the non-refundable fee for his non-resident NH insurance producer license.
4. On May 20, 2021, Joan LaCourse, Licensing Supervisor at NHID, e-mailed Respondent and requested that he make the \$216.18 payment. Respondent failed to respond to that request.
5. On June 16, 2021, undersigned counsel mailed and e-mailed Respondent requesting that he make the \$216.18 payment. Respondent failed to respond to that request.

STATEMENT OF ISSUES

6. Whether the Respondent violated NH RSA 402-J:12 I, (c) by obtaining a license through misrepresentation or fraud when he applied for a non-resident NH

insurance producer license and then later disputed and reversed the credit card charge for the non-refundable application fee, leaving that fee unpaid.

7. Whether the Respondent violated NH RSA 402-J:12 I, (b) by violating any insurance law when he failed to pay the non-refundable application fee for a non-resident insurance producer license pursuant to RSA 400-A:29 when he disputed and reversed the credit card charge associated with that application fee.
8. Whether Respondent violated NH RSA 400-A:16, II by failing to respond within 10 business days to the NHID's inquiries regarding his dispute and reversal of the application fee for his non-resident NH insurance producer license.
9. The NHID reserves the right to amend this statement of issues upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

INSURANCE LAWS VIOLATED BY RESPONDENT

10. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-J:12 I, (c), NH RSA 402-J:12 I, (b), and NH RSA 400-A:16, II.
11. The NHID reserves the right to amend this list of insurance laws violated by the Respondent upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

PENALTY REQUESTED

12. In the event that the Hearing Officer determines after an evidentiary hearing that the NHID sustained its burden of proof with respect to the allegations of fact and violations of law outlined above, the NHID requests that the Hearing Officer impose the following sanctions on the Respondent:
 - a. Order the Respondent to pay a fine in an amount not to exceed \$2,500 per violation; and
 - b. Order that the Respondent's non-resident NH insurance producer license be revoked.
13. The NHID reserves the right to amend penalty requested upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

NOTICE OF HEARING

14. An adjudicatory proceeding shall be commenced for the purpose of resolving the issues articulated above pursuant to RSA 541-A:31, RSA 400-A:17:6, *et seq.*, RSA 417:6, *et seq.*, and Ins 200. To the extent that the Department's rules do not address an issue of policy or procedures, the Department shall apply the N.H. Department of Justice Rules, Part 800.
15. The Respondent shall appear at Department on **August 25, 2021 at 1:00 pm**, at the Department's office located at 21 South Fruit Street, Suite 14, in Concord New Hampshire to participate in this adjudicatory proceeding and, if deemed appropriate, be subject to sanctions pursuant to RSA 402-J:12, I and RSA 400-A:15, III. Respondent's failure to appear at the time and place specified above may result in the hearing being held *in absentia* and sanctions may be imposed without further notice or an opportunity to be heard.
16. Roni Karnis, Esq. is appointed to act as Hearing Officer in this matter with all the authority within the scope of RSA 400-A:19 and Ins 203.01.
17. Linda Zalinskie shall serve as clerk to the Hearing Officer. The parties should direct all communications to Ms. Zalinskie, whose contact information is:

Linda Zalinskie, Clerk
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301
Tel: (603) 271-2261
Fax: (603)271-1406
Email: linda.zalinskie@ins.nh.gov
18. The Respondent has the right to be represented by a lawyer in this proceeding. However, the Respondent shall bear the cost of retaining said lawyer. Should the Respondent elect to retain a lawyer, his lawyer shall file a Notice of Appearance with Ms. Zalinskie, and said lawyer should do so at the earliest possible date. A copy of the NHID's Notice of Appearance form is enclosed with this Order.
19. Any party may request a transcript of the proceeding. The party requesting a transcript of the proceedings shall file a written request for a certified court reporter with the Hearing Officer at least 10 days prior to the scheduled

hearing date. The costs incurred for the services of a certified court reporter shall be borne by the requesting party.

20. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.
21. All routine procedural inquiries may be made by contacting Linda Zalinskie, Hearing Clerk, New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord NH 03301, (603) 271-2261, but that all other communications with the Hearing Officer and the Commissioner shall be in writing and filed as provided above. *Ex parte* communications are forbidden by statute and the Department's regulations.
22. A copy of this hearing notice shall be served upon Respondent by certified mail addressed to the mailing address on file with New Hampshire Insurance Department. *See*, RSA 400-A:14.

It is **SO ORDERED**.

NEW HAMPSHIRE INSURANCE DEPARTMENT

Date: 7/19/2021



Christopher Nicolopoulos
Insurance Commissioner

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and accurate copy of the foregoing Order to Show Cause and Notice of Hearing was sent this date by first-class mail, postage prepaid, and by certified mail, return receipt requested, to Eric Oster, Jr., 1946 Fittin Ct, Lantana FL, 33461 and ericosterjr@gmail.com the mailing and email addresses the Respondent maintains on file with the Department.

Date: 7/19/21



Joshua S. Hilliard, Esq.
Compliance & Enforcement Counsel

NEW HAMPSHIRE INSURANCE DEPARTMENT

ATTORNEY APPEARANCE or WITHDRAWAL

Docket No. (if known): _____

Respondent Name or Case Name: _____

APPEARANCE

Please **ENTER** my appearance as
Counsel for _____

I confirm that neither I nor any member of my
law firm have been retained by the Department
of Insurance or the Commissioner of Insurance.

WITHDRAWAL

Please **WITHDRAW** my appearance as
Counsel for _____

Notice of Withdrawal sent to my client on:
_____ at the following address:

I hereby certify that I provided a copy of this original request to the Department and a copy to all other
known parties to this matter in accordance with Ins 204.09.

Signed: _____

Name: _____ **NH Bar #:** _____

Firm Name: _____ **Email:** *(see also below)* _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____

Email Consent: By checking this box, I consent to delivery by email in accordance with Ins 204.09(c).
Please send communications and documents to the above email address.

Date: _____ **Signature:** _____

***If you do not consent to delivery by email, all communications will be sent to you by personal delivery
at your physical address or by United States Postal Service first class mail to your mailing address.***