

**DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION**

P.O. Box 690, Jefferson City, Mo. 65102-0690

In the Matter of:)
) **Case No. 07A000412**
KEITH MONIA)

CONSENT ORDER

DOUGLAS M. OMMEN, Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration, after reviewing the stipulations set forth herein, hereby issues the following Consent Order.

Stipulations

1. Douglas M. Ommen is the duly appointed Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration (“Director”) whose duties, pursuant to Chapters 374 and 375, RSMo, include the supervision, regulation, and discipline of insurance producers.

2. The Consumer Affairs Division of the Department of Insurance, Financial Institutions, and Professional Registration (“Consumer Affairs Division”) has the duty of conducting investigations into the unfair or unlawful acts of insurance companies and

agents under the insurance laws of this state and has been authorized by the Director to initiate this action before the Director to enforce the insurance laws of this state.

3. On September 14, 2006, the Director, through counsel, filed a complaint seeking cause to discipline Keith L. Monia's insurance producer license. The Director's complaint alleged that Monia had forged insureds' names without permission, misrepresented the terms of an insurance contract and demonstrated incompetence and untrustworthiness.

4. On May 14, 2007, the Administrative Hearing Commission ("AHC") held a hearing on the matter. The Director, through counsel, and Monia, pro se, presented evidence to the AHC.

5. On May 29, 2007, Keith L. Monia's ("Monia") insurance producer license expired.

6. On May 31, 2007, while the AHC case was still pending, Monia submitted an Insurance Producer Renewal Notice to the Director, applying for renewal of his insurance producer license.

7. On August 29, 2007, while the AHC case was still pending, the Director refused to renew Monia's insurance producer license based upon the same or similar facts alleged in the AHC complaint. Monia was mailed a copy of the refusal order and advised that he may request a hearing in the matter by filing a complaint with the AHC within thirty (30) days after the mailing of the notice. Monia did not file a timely complaint with the AHC.

8. On October 18, 2007, Commissioner June Striegel Doughty issued an order that the Director did not have cause to discipline Monia's insurance producer license. *See Director of Insurance v. Keith Monia, Mo. Admin, 06-1376 DI.*

9. On or about October 22, 2007, Monia sent a letter to the Director requesting that he reconsider the denial of his license based upon the recent AHC decision holding that the Director did not have cause to discipline Monia's insurance producer license. *Id.*

10. The Director has reconsidered his previous order denying Monia's renewal application.

11. Monia has stipulated and agreed to waive any rights that he may have to a hearing before the administrative hearing commission and any rights to seek judicial review or other challenge or contest of the terms and conditions of this Order and forever releases and holds harmless the Department, the Director and his agents, and the Consumer Affairs Division from any and all liability and claims arising out of, pertaining to or relating to this matter.

12. If Monia fails to comply with the conditions set forth in this Order, the Director, or his designee, may pursue further disciplinary action against Monia's insurance producer license.

13. Entry of this Order is in the public interest.

Conclusion of Law

14. The Director may impose orders in the public interest under sections 374.046 and 375.141, RSMo (Supp. 2006), and section 621.045, RSMo (2000).

ORDER

IT IS NOW, THEREFORE, ORDERED that Keith L. Monia will be issued an insurance producer license.

IT IS FURTHER ORDERED Keith L. Monia shall complete four (4) hours of continuing education in the areas of suitability and ethics and submit proof of such satisfactory completion to the Director within four (4) months of the date of this Order.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED THIS 19th
DAY OF November, 2007.



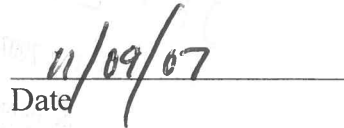
Douglas M. Ommen, Director
Missouri Department of Insurance,
Financial Institutions and
Professional Registration

CONSENT AND WAIVER OF HEARING

The undersigned persons understand and acknowledge that Keith L. Monia has the right to a hearing, but that Keith L. Monia has waived the hearing and consented to the issuance of this consent order.



Mr. Keith L. Monia
P.O. Box 1899
~~45 Rivercrest Drive~~ 3719 Carolewood Dr.
Cape Girardeau, Missouri 63702-1899
Telephone: (573) 334-4545


Date

NONE

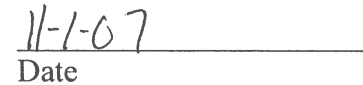
Counsel for Mr. Keith L. Monia (if any)
Missouri Bar No. _____
Address: _____

Telephone: _____
Facsimile: _____


Date



Tamara A. Wallace
Senior Enforcement Counsel
Missouri Bar No. 59020
Department of Insurance, Financial
Institutions and Professional Registration
301 West High Street, Room 530
Jefferson City, MO 65101
Telephone: (573) 751-2619
Facsimile: (573) 526-5492


Date

RECEIVED

NOV 13 2007

DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION



CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION

RECEIVED
NOV 13 2007
DEPT OF INSURANCE
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

NOTICE TO PROVIDER:


Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO, Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned. 7) Names of Agents/Brokers, 8) Residence Address and 9) Social Security Number.

The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.

Provider- should retain this information for four (4) years following completion of course.

NOTICE TO AGENT/BROKER:

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE** After you have fulfilled **ALL** the required Continuing Education Credit (C.E.C.) hours, complete the Continuing Education Certification Summary.

NAME OF AGENT/BROKER		SOCIAL SECURITY NUMBER	
Keith Monia		496-66-0384	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)			
3719 Carolewood Drive, P.O. Box 1899, Cape Girardeau, MO 63701			
COURSE PROVIDER			
RegEd, Inc.			
COURSE TITLE			
Insurance Ethics: Walking a Sometimes Invisible Line			
COURSE NUMBER		DATE COURSE COMPLETED	
GC060784		11/07/2007	
NUMBER OF C.E.C. HOURS EARNED		LOCATION	
General:4		Correspondence	
SIGNATURE OF AUTHORIZED REPRESENTATIVE			DATE
			11/08/2007

**THIS FORM IS FOR AGENT / BROKER RECORD
KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**



CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION

NOTICE TO PROVIDER:


Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO, Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned. 7) Names of Agents/Brokers, 8) Residence Address and 9) Social Security Number.

The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.

Provider- should retain this information for four (4) years following completion of course.

NOTICE TO AGENT/BROKER:

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE** After you have fulfilled **ALL** the required Continuing Education Credit (C.E.C.) hours, complete the Continuing Education Certification Summary.

NAME OF AGENT/BROKER		SOCIAL SECURITY NUMBER	
Keith Monia		496-66-0384	
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)			
3719 Carolewood Drive, P.O. Box 1899, Cape Girardeau, MO 63701			
COURSE PROVIDER			
RegEd, Inc.			
COURSE TITLE			
Suitability of Non-Registered Insurance Products			
COURSE NUMBER		DATE COURSE COMPLETED	
LH010158		11/08/2007	
NUMBER OF C.E.C. HOURS EARNED	LOCATION		
Life/Health:6	Correspondence		
SIGNATURE OF AUTHORIZED REPRESENTATIVE			DATE
			11/09/2007

**THIS FORM IS FOR AGENT / BROKER RECORD
KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**

