

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC

DEVELOPMENT

DIVISION OF INSURANCE

550 W. 7th AVENUE, SUITE 1560

ANCHORAGE, ALASKA 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF INSURANCE
550 W. 7th AVENUE SUITE 1560
ANCHORAGE, ALASKA 99513-3567
PHONE: (907) 269-7900

Order No. LD24-36) Insurance Producer
In the Matter of) License Denial Pursuant
TROY A. WILLIAMS) to AS 21.27.040
NPN# 17057215)
_____)

ACCUSATION AND FINAL ORDER

Lori Wing-Heier, Director of the Division of Insurance (Division), Department of Commerce, Community, and Economic Development (DCCED), State of Alaska, states the issues on which the accusation is based as follows:

1. On April 2, 2024, **TROY A. WILLIAMS (WILLIAMS)**, domiciled in the State of Pennsylvania applied for an Insurance Producer license requesting Life, and Health lines of authority with the Division to conduct business in the State of Alaska.
2. Upon review of the application, **WILLIAMS** responded negatively to background question 2, indicating no administrative actions to report to the State of Alaska.

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- 1 3. The Producer Database and the Attachment Warehouse reflects
2 administrative action was taken against **WILLIAMS** in State of Florida in
3 effect October 16, 2023. **WILLIAMS** responded negatively to
4 background question 2 and failed to disclose his administrative actions to
5 the Division.
6
7 4. The Administrative action taken by the state of Florida was for failure to
8 disclose criminal history. Upon further review of the application, it was
9 noted that **WILLIAMS** failed to disclose his misdemeanor conviction
10 from 2007. **WILLIAMS** responded negatively to background question 1A
11 at initial application.
12
13 5. On April 12, 2024, correspondence was provided to **WILLIAMS**
14 informing of his failure to respond accurately to a background question
15 regarding administrative actions. The Division provided **WILLIAMS** the
16 opportunity to voluntarily withdraw the application and provide a new,
17 complete, and accurate application within 30 days. Division did not
18 receive a formal withdrawal.
19
20 6. Alaska Statute 21.27.040(a) states that “(a) Application for a license shall
21 be made to the director upon forms prescribed by the director. As a part of
22 or in connection with the application, the applicant shall furnish
23 information concerning the applicant's identity, personal history,
24 experience, business record, purposes, and other pertinent facts that the
25 director may reasonably require. The applicant shall declare, subject to
26 penalty of denial, nonrenewal, suspension, or revocation of a license
27
28

1 issued by the director, that the statements made in or in connection with
2 the application are true, correct, and complete to the best of the applicant's
3 knowledge and belief..."

4
5 7. AS 21.27.020(a) provides: "For the protection of the people of this state,
6 the director may not issue or renew a license except in compliance with
7 this chapter and not issue a license to a person, or to be exercised by a
8 person, found by the director to be untrustworthy, incompetent, or who
9 has not established to the satisfaction of the director that the person is
10 qualified under this chapter."

11
12 8. AS 21.27.020(b)(4) provides: "To qualify for issuance or renewal of an
13 individual license, an applicant or licensee shall (4) be a trustworthy
14 person."

15
16 9. Pursuant to AS 21.27.040(a), **WILLIAMS** provided inaccurate
17 information at the time of application. Based on the above **WILLIAMS**
18 Insurance Producer license application is hereby DENIED.

19
20 ORDER

21 **IT IS HEREBY ORDERED**, under the provisions of AS 21.27.040(a) that **TROY A.**
22 **WILLIAMS** application for the Insurance Producer license in Alaska under National
23 Producer Number (NPN) # 17057215 is DENIED for supplying inaccurate information
24 on the application for licensure.

25 This Order is effective the 29th day of January 2025.

26 DocuSigned by:

27 *Lori Wing-Heier*

28 LORI WING-HEIER, DIRECTOR
DIVISION OF INSURANCE

29 TROY A. WILLIAMS
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☐ Delivered Electronically

☒ Mailed Certified:

I hereby certify that, on the 30th day of Jan, 2025, I mailed copies of the accusation to:

TROY A. WILLIAMS
60 BRIGHT RD
HATBORO, PA 19040
UNITED STATES



FINAL ORDER

IT IS ORDERED that this license denial is adopted in full resolution of the issues in the case and shall constitute the final order of this matter. **TROY A. WILLIAMS** may seek licensure in Alaska after a period of 30 days has lapsed after the effective date of this ORDER.

This Order is effective the 3rd day of March 2025.

DocuSigned by:



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LORI WING-HEIER, DIRECTOR
DIVISION OF INSURANCE

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