

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
550 W. 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
550 W. 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99501-3567  
PHONE: (907) 269-7900

In the Matter of: )  
 )  
**PHILLIP EDWARD MATTEK** )  
NPN# 14395976 )

Division of Insurance Case No. D24-17

**STIPULATED AGREEMENT AND ORDER**

The Alaska Department of Commerce, Community and Economic Development,  
Division of Insurance (Division) and **PHILLIP EDWARD MATTEK (MATTEK)** the  
producer in this case, stipulate and agree to the following:

I. BACKGROUND

A. On March 7, 2024, the Division received an application for an Insurance  
Producer license to transact the business of Life, and Health authority for  
**MATTEK**, domiciled in the State of Texas. **MATTEK** responded  
negatively to all background questions. The application was automatically

PHILLIP EDWARD MATTEK  
Stipulated Agreement and Order  
D24-17

1 processed. The Division issued nonresident license number 3002990157  
2 which has an expiration date of July 31 of even numbered years.

3 B. On March 18, 2024, **NATALIE DUNKIN (DUNKIN)**, **MATTEK's**  
4 Authorized Submitter reached out to inform the Division the background  
5 question 1A on **MATTEK's** application was incorrectly answered. In the  
6 same correspondence **DUNKIN** submitted documentation and uploaded  
7 them in the Attachment Warehouse of **MATTEK's** misdemeanor  
8 conviction in the State of Texas in 2006.

9 C. **MATTEK** provided inaccurate information on his initial application and  
10 failed to disclose his misdemeanor conviction.

11 D. On April 18, 2024, the Division issued a proposed agreement to  
12 **MATTEK** assessing \$250 civil penalty under Alaska Statute 21.27.440  
13 intending to resolve the failure to disclose the misdemeanor conviction.  
14 The same day **MATTEK** agreed to the terms.

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19 **II. TERMS OF AGREEMENT**

20 A. **MATTEK** was in violation for failing to report his misdemeanor  
21 conviction to the Division which subjects **MATTEK** to civil penalties.  
22 Alaska Statute (AS) 21.27.440(a) provides that "in addition to any other  
23 penalties provided by law, a person that the director (director) determines  
24 under AS 21.06.170-21.06.240 has violated the provisions of this chapter  
25 is subject to (1) a civil penalty equal to the compensation promised, paid,  
26 or to be paid, directly or indirectly, to a person in regard to each violation;

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29 **PHILLIP EDWARD MATTEK**  
Stipulated Agreement and Order  
D24-17

1 (2) either a civil penalty of not more than \$10,000 for each violation or a  
2 civil penalty of not more than \$25,000 for each violation if the director  
3 determines that the person willfully violated the provisions of this chapter;  
4 and (3) denial, nonrenewal, suspension, or revocation of a license." The  
5 director has the latitude to impose civil penalties against a person who has  
6 violated Alaska's insurance laws.  
7

8 B. AS 21.27.020(a) provides: "For the protection of the people of this state,  
9 the director may not issue or renew a license except in compliance with  
10 this chapter and not issue a license to a person, or to be exercised by a  
11 person, found by the director to be untrustworthy, incompetent, or who  
12 has not established to the satisfaction of the director that the person is  
13 qualified under this chapter."  
14

15 C. AS 21.27.020(b)(4) provides: "To qualify for issuance or renewal of an  
16 individual license, an applicant or licensee shall (4) be a trustworthy  
17 person."  
18

19 D. AS 21.27.040(a) states that "(a) Application for a license shall be made to  
20 the director upon forms prescribed by the director. As a part of or in  
21 connection with the application, the applicant shall furnish information  
22 concerning the applicant's identity, personal history, experience, business  
23 record, purposes, and other pertinent facts that the director may reasonably  
24 require. The applicant shall declare, subject to penalty of denial,  
25 nonrenewal, suspension, or revocation of a license issued by the director,  
26 that the statements made in or in connection with the application are true,  
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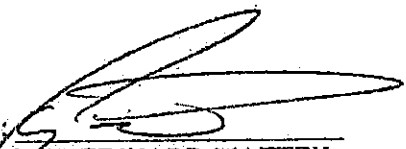
correct, and complete to the best of the applicant's knowledge and belief..."

E. MATTEK agrees to pay the civil penalty under AS 21.27.440 in the amount of \$250. Payment must be received within 30 days of the signature finalizing this agreement.

F. By signing this agreement, MATTEK understands and agrees that any failure to comply with the terms of this agreement will be grounds to revoke, suspend, or non-renew Alaska license number 3002990157.

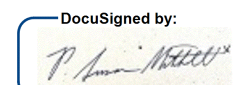
G. MATTEK understands that this agreement is not binding on the parties unless and until the director signs the order approving the agreement.

DATED: 6/11/24

By:   
PHILLIP EDWARD MATTEK  
Licensee

Approved as to form and content:

DATED: 6/28/2024

DocuSigned by:  
  
By: Susan Mitchell  
Assistant Attorney General

PHILLIP EDWARD MATTEK  
Stipulated Agreement and Order  
D24-17

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**ORDER**

**IT IS FURTHER ORDERED** that this Stipulated Agreement and Order is adopted in full resolution of the civil liability issues between the parties to this agreement in these cases and shall constitute the final order in these matters.

DATED this 19th day of July, 2024.

DocuSigned by:

*Lori Wing-Heier*

630253801107480  
LORI WING-HEIER, DIRECTOR  
DIVISION OF INSURANCE

Delivered Electronically

Mailed Certified:

I hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 2024, I mailed copies of the accusation to:

PHILLIP EDWARD MATTEK  
11910 ANDERSON MILL RD  
AUSTIN, TEXAS 78726-1135  
United States

DocuSigned by:

*Kayla Erickson*

6BEA3C486607484...

PHILLIP EDWARD MATTEK  
Stipulated Agreement and Order  
D24-17

**Certificate Of Completion**

Envelope Id: CDEAC80D1D3F4BE99A49F3DAC65A1E0A	Status: Completed
Subject: Complete with DocuSign: D24-17 Phillip Matek Lic# 3002990157.pdf	
Source Envelope:	
Document Pages: 5	Signatures: 3
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Disabled	Kayla Erickson
Time Zone: (UTC-09:00) Alaska	PO Box 110206
	Juneau, AK 99811
	kayla.erickson@alaska.gov
	IP Address: 158.145.15.22

**Record Tracking**

Status: Original	Holder: Kayla Erickson	Location: DocuSign
6/27/2024 11:34:18 AM	kayla.erickson@alaska.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: State of Alaska	Location: DocuSign

**Signer Events**

Kayla Erickson  
 kayla.erickson@alaska.gov  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 6BEA3C486607484...

**Timestamp**


Sent: 6/27/2024 11:39:16 AM  
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 Signed: 6/27/2024 11:39:51 AM

Signature Adoption: Uploaded Signature Image  
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**Electronic Record and Signature Disclosure:**

Accepted: 7/10/2024 12:15:44 PM  
 ID: fd64caa5-df57-42ef-8e22-676155af6057  
 Company Name: State of Alaska

P. Susan Mitchell  
 susan.mitchell@alaska.gov  
 Assistant Attorney General  
 State of Alaska  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
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Sent: 6/27/2024 11:39:52 AM  
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 Signed: 6/28/2024 10:06:32 PM

Signature Adoption: Uploaded Signature Image  
 Using IP Address: 24.237.170.164  
 Signed using mobile

**Electronic Record and Signature Disclosure:**

Accepted: 5/10/2024 9:16:16 AM  
 ID: 99833fac-4bc0-4810-a371-2c1abf88262d  
 Company Name: State of Alaska

Lori Wing-Heier  
 lori.wing-heier@alaska.gov  
 Director - Division of Insurance  
 State of Alaska  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 A304E38011074B0...

Sent: 6/28/2024 10:06:33 PM  
 Viewed: 7/15/2024 10:55:30 AM  
 Signed: 7/19/2024 9:54:33 AM

Signature Adoption: Pre-selected Style  
 Using IP Address: 10.3.201.221

**Electronic Record and Signature Disclosure:**

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 ID: 5975a8f6-fcee-45a1-9f55-f029a46bc997  
 Company Name: State of Alaska

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent	Hashed/Encrypted	6/27/2024 11:39:16 AM
Envelope Updated	Security Checked	7/15/2024 10:58:59 AM
Certified Delivered	Security Checked	7/15/2024 10:55:30 AM
Signing Complete	Security Checked	7/19/2024 9:54:33 AM
Completed	Security Checked	7/19/2024 9:54:33 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

Please read this Electronic Records and Signature Disclosure (ERSD). It concerns your rights regarding electronically undertaking, and the conditions under which you and the State of Alaska agree to electronically undertake, the transaction to which it relates (the “TRANSACTION”).

### **Consent to Electronically Undertake the TRANSACTION**

You can electronically undertake the TRANSACTION only if you confirm that you meet the following requirements by selecting the box next to “I agree to use electronic records and signature” (the “AGREE BOX”):

1. you can fully access and have read this ERSD;
2. you can fully access all of the information in the other TRANSACTION records;
3. you can retain all of the TRANSACTION records in a form that you will be able to fully access for later reference;
4. you consent to undertake the TRANSACTION electronically; and
5. you are authorized to undertake the TRANSACTION. (Please note that falsely undertaking the TRANSACTION may subject you to civil liabilities and penalties and/or to criminal penalties.)

If you cannot or are not willing to confirm each of these five things, do not select the AGREE BOX.

### **Withdrawing Consent**

If you select the AGREE BOX, you can withdraw your consent to electronically undertake the TRANSACTION at any time before you complete the TRANSACTION: simply do not finalize it. The only consequence of withdrawing your consent is that you will not finalize the TRANSACTION.

If you select the AGREE BOX, your consent will apply only to this TRANSACTION. You must separately consent to electronically undertake any other transaction with the State of Alaska.

### **Paper Option for Undertaking the TRANSACTION**

You may undertake the TRANSACTION with the State of Alaska using paper records. (State of Alaska employees who want to undertake the TRANSACTION in paper should contact the agency responsible for the TRANSACTION.) Print the paper records on the website of the State of Alaska agency responsible for the TRANSACTION, or request them from the agency. The State of Alaska homepage is at <http://alaska.gov/>.

### **Copies of TRANSACTION Records**

After completing the TRANSACTION but before closing your web browser, you should download the TRANSACTION records. Or you can download the records within 30 days after



completing the TRANSACTION using the link in the DocuSign email sent to the email address you used to complete the TRANSACTION. The State of Alaska will not provide a paper copy of the TRANSACTION records as part of the TRANSACTION. Under the Alaska Public Records Act (APRA), AS 40.25.100–.295, you can request a copy from the agency responsible for the TRANSACTION, but if too much time has passed, the agency may no longer have the records when you make your request. If required under the APRA, the agency will charge a fee.

### **Required Hardware and Software**

For the minimum system requirements to electronically undertake the TRANSACTION, including accessing and thereby retaining the TRANSACTION records, visit <https://support.docusign.com/guides/signer-guide-signing-system-requirements>. These requirements may change. In addition, you need access to an email account.

### **How to Contact the State of Alaska**

To ask a question on this ERSD or the DocuSign document generated after you complete the TRANSACTION or on using DocuSign to electronically undertake the TRANSACTION, contact the Alaska Department of Administration at either of the following addresses:

State of Alaska  
Department of Administration  
550 West 7th Avenue  
Suite 1970  
Anchorage, AK 99501  
Reference: DocuSign

[doa.commissioner@alaska.gov](mailto:doa.commissioner@alaska.gov)  
Subject: DocuSign

To ask any other question on the TRANSACTION records or to update the information for contacting you electronically, contact the State of Alaska agency responsible for the TRANSACTION using the contact information in the TRANSACTION records or, if those records contain no contact information, using the contact information on the agency's website. Again, the State of Alaska homepage is at <http://alaska.gov/>.