

BEFORE THE STATE AUDITOR  
AND COMMISSIONER OF INSURANCE  
HELENA, MONTANA

IN THE MATTER OF: ) CASE NO. 2005-13  
 )  
KEITH KLIMA AND STANDARD ) CEASE AND DESIST ORDER  
MARKETING SERVICES, )  
 )  
Respondents. )  
 )  
 )

TO: Keith Klima  
PO Box 320395  
Franklin, WI 53132-9924

**PLEASE TAKE NOTICE THAT:**

Staff of the Insurance Department of the office of the State Auditor and Commissioner of Insurance of the state of Montana (Commissioner), pursuant to the authority of the Montana Insurance Code, Section 33-1-101, et seq., Montana Code Annotated (2003) [MCA]:

**FACT ASSERTIONS**

1. Keith Klima (Respondent), is not licensed as an insurance producer in the State of Montana. Standard Marketing Services is not licensed as an insurance producer in the State of Montana.
2. On or about September 7, 2005, Mary [REDACTED], of Helena Montana, received a solicitation for American General Life Insurance from Keith Klima and Standard Marketing Services in her Qwest bill.

### CONCLUSIONS

1. Respondents violated section 33-17-201, MCA, in soliciting without an insurance producer license.

Whenever it appears to the commissioner that a person has engaged in or is about to engage in an order or practice constituting a violation of section 33-1-501; 33-14-201; chapters 2,16 through 18, and 30 of this title; or part 4 of chapter 25 of this title; or any rule or order issued under this code, the commissioner may order directing the person to cease and desist from continuing the act or practice or reasonable notice and opportunity for a hearing.

The alleged violations are sufficient to authorize the Commissioner to order Respondent to cease and desist engaging in activities of the kind herein alleged.

### ORDER

Respondents are hereby ordered to cease and desist in violation of the Insurance Code of Montana.

The above-cited violations are sufficient grounds for the imposition of an administrative fine not to exceed \$5,000 per violation upon any person found to have engaged in any act or practice constituting a violation of any provision of the Insurance Code of Montana or any rule or order promulgated thereunder. section 33-1-318, MCA.

### NOTICE

Respondents are notified that this order has been issued by the Commissioner. If Respondents wish to contest the allegations

herein, they shall make a written request for a hearing to Kevin F. Phillips of this office within fifteen (15) days of receipt this order. The hearing shall then be held within twenty (20) days of the Commissioner's receipt of the hearing request unless the time is extended by agreement of the parties. If no hearing is requested within fifteen (15) days of receipt of this order by Respondents, and none is ordered by the Commissioner, this order shall be come permanent.

Should you request a hearing, you have the right to be accompanied, represented, and advised by counsel. If the counsel you choose has not been admitted to practice law in the state of Montana, he or she must comply with the requirements of Application of American Smelting and Refining, Co., (1973), 164 Mont. 139, 520 P.2d 103.

DATED this 9<sup>th</sup> day of September, 2005.

John Morrison  
State Auditor and  
Commissioner of Insurance

  
Alicia Pichette  
Deputy Insurance Commissioner

CERTIFICATE OF SERVICE

I hereby certify that I mailed a true and correct copy of the foregoing CEASE AND DESIST ORDER to the following persons by depositing the same in the U.S. Mail - Certified - return receipt requested - on this 12 day of SEPTEMBER, 2005.

TO: Keith Klima  
PO Box 320395  
Franklin, WI 53132-9924

*Carla Sautter*

State Auditors Office

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <i>Keith Klima</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kellyn Skiba</i> C. Date of Delivery <i>9-16-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:  <i>KEITH KLIMA PO BOX 320395 FRANKLIN WI 53132-9924</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7003 3110 0000 8722 0721 Domestic Return Receipt <i>KEVIN/C+D/2005-18</i> 102585-02-M-1540