

**IN THE MATTER OF THE  
MARYLAND INSURANCE  
ADMINISTRATION**

v.

**ALEXIS STEPHANIE GREEN  
2115 R Street SE, #103  
Washington, DC 20012**

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**BEFORE THE MARYLAND  
INSURANCE COMMISSIONER**

**CASE NO. MIA - 2015 - 11 - 021**

**Fraud Division File No. R-2015-3057A**

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**ORDER**

This Order is entered by the Maryland Insurance Administration (“MIA”) against Alexis Stephanie Green (“Green” or “Respondent”) pursuant to §§2-108, 2-201, 2-204 and 2-405 of the Insurance Article, Md. Code Ann. (2011 Repl. Vol. & Supp.)(“the Insurance Article”).

**I. Facts**

1. On March 7, 2015, Respondent obtained automobile insurance from the Maryland Automobile Insurance Fund (“MAIF”), an authorized insurer, for her 2007 Nissan Altima. The policy went into effect the same day. The MAIF policy number was [REDACTED].

2. On March 16, 2015, Respondent notified MAIF that on March 14, 2015, the right front of her vehicle was damaged when she struck a tree after swerving to avoid a deer. MAIF assigned claim number V094477.

3. On March 19, 2015, a MAIF Claims Specialist took a recorded statement from Respondent. She again reported the accident occurred on March 14, 2015.

4. On March 24, 2015, MAIF inspected and photographed Respondent’s Nissan Altima, to document the damage. Further, MAIF checked the Insurance Services Office (ISO) database for prior claims. It discovered that on March 5, 2015, Respondent was operating her Nissan Altima when she had an accident with an individual insured under a Government

Employee Insurance Company (“GEICO”) policy. Respondent was uninsured at the time of her March 5, 2015 accident.

5. On March 24, 2015, a MAIF representative interviewed the GEICO insured, who confirmed having an accident with Respondent on March 5, 2015. She advised Respondent was operating a Nissan Altima at the time. The GEICO insured provided MAIF with photographs she had taken following the accident. The photographs depicted Respondent standing next to her Nissan Altima, which displayed front-end damage on the right. MAIF compared the photographs provided by the GEICO insured with those taken during its inspection, and determined the damage was identical.

6. The MAIF Claims Specialist referred the matter to its Special Investigations Unit (“SIU”) as the March 5, 2015 loss occurred prior to policy inception.

7. On March 30, 2015, MAIF sent Respondent a letter denying her claim for material misrepresentation as the loss occurred prior to obtaining the MAIF policy.

8. Section 27-802(a)(1) of the Maryland Insurance Article states, “An authorized insurer, its employees, or insurance producers, who in good faith have cause to believe that insurance fraud has been or is being committed, shall report the suspected insurance fraud in writing to the Commissioner, the Fraud Division, or the appropriate federal, State or local law enforcement authorities.” MAIF, having a good faith belief that Respondent committed insurance fraud, referred the matter to the Maryland Insurance Administration, Fraud Division.

9. During the course of its investigation, MIA contacted MAIF and confirmed its handling of Respondent’s claim.

10. MIA contacted GEICO and confirmed its insured had filed a claim for an accident occurring on March 5, 2015, involving Respondent’s Nissan Altima.

11. MIA contacted Metropolitan Police, Washington DC, and obtained the Computer Aided Dispatch (CAD) logs, which corroborated the March 5, 2015 accident between the GEICO insured and Respondent.

12. MIA interviewed the GEICO insured involved in an accident with Respondent. She confirmed the date of the accident was March 5, 2015, and provided MIA with photographs she had taken on the date of the accident. The photographs depicted Respondent standing next to her Nissan Altima, which displayed front-end damage. MIA compared the photographs taken of Respondent's vehicle on March 5, 2015 to the ones taken by MAIF on March 24, 2015, and confirmed the damage was identical.

## **II. Violation(s)**

13. In addition to all relevant sections of the Insurance Article, the Administration relies on the following pertinent sections in finding that Respondent violated Maryland's insurance laws:

14. **§27-403**

It is a fraudulent insurance act for a person:

(2) to present or cause to be presented to an insurer documentation or an oral or written statement made in support of a claim...with knowledge that the documentation or statement contains false or misleading information about a matter material to the claim.

15. **§27-408(c)**

(1) In addition to any criminal penalties that may be imposed under this section, on a showing by clear and convincing evidence that a violation of this subtitle has occurred, the Commissioner may:

(i) impose an administrative penalty not exceeding \$25,000 for each act of insurance fraud; and

(2) In determining the amount of an administrative penalty, the Commissioner shall consider:

- (i) the nature, circumstances, extent, gravity, and number of violations;
- (ii) the degree of culpability of the violator;
- (iii) prior offenses and repeated violations of the violator; and

(iv) any other matter that the Commissioner considers appropriate and relevant.

16. By the conduct described herein, Respondent knowingly violated §27-403. Because the fraudulent insurance act of making a false statement in support of a claim is complete upon making the false statement and is not dependent on payment being made, Respondent violated the law when she made a false statement to MAIF. As such, she is subject to an administrative penalty under the Insurance Article §27-408(c).

### **III. Sanctions**

17. Insurance fraud is a serious violation which harms consumers in that the losses suffered by insurance companies are passed on to consumers in the form of higher premiums. The Commissioner may investigate any complaint that alleges that a fraudulent claim has been submitted to an insurer. Insurance Article, §§2-201(d) (1) and 2-405.

18. Having considered the factors set forth in §27-408(c)(2) and COMAR 31.02.04.02, MIA has determined that \$1,500.00 is an appropriate penalty.

19. Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number (R-2015-3057A) and name (Alexis Stephanie Green). Unpaid penalties will be referred to the Central Collections Unit for collection. Payment of the administrative penalty shall be sent to the attention of: Associate Commissioner, Insurance Fraud Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202.

20. This Order does not preclude any potential or pending action by any other person, entity or government authority, regarding any conduct by the Respondent including the conduct that is the subject of this Order.

**WHEREFORE**, for the reasons set forth above, and subject to the right to request a hearing, it is this 24<sup>th</sup> day of November 2015, **ORDERED** that:

(1) Alexis Stephanie Green pay an administrative penalty of \$1,500.00 within 30 days of the date of this Order.

ALFRED W. REDMER, JR.  
Insurance Commissioner

**signature on original**

BY:

Victoria August  
VICTORIA AUGUST  
Acting Associate Commissioner  
Insurance Fraud Division

#### **RIGHT TO REQUEST A HEARING**

Pursuant to §2-210 of the Insurance Article and Code of Maryland Regulations (“COMAR”) 31.02.01.03, an aggrieved person may request a hearing on this Order. This request must be in writing and received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order. However, pursuant to §2-212 of the Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is issued. The written request for hearing must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Attn: Hearings and Appeals Coordinator. The request shall include the following information: (1) the action or non-action of the Commissioner causing the person requesting the hearing to be aggrieved; (2) the facts related to the incident or incidents about which the person requests the Commissioner to act or not act; and (3) the ultimate relief requested. The failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be final on its effective date. Please note that if a hearing is requested on this initial Order, the Commissioner may affirm, modify, or nullify an action taken or impose any penalty or remedy authorized by the Insurance Article against the Respondent in a Final Order after hearing.