

No. 2026-9864

**Official Order
of the
Texas Commissioner of Insurance**

Date: 04/01/2026

Subject Considered:

Texas Department of Insurance

v.

Stephanie Eunice Jones-Williams

SOAH Docket No. 454-25-19904.C

General Remarks and Official Action Taken:

The subject of this order is Stephanie Eunice Jones-Williams' adjuster all-lines license. This order directs Ms. Jones-Williams to pay restitution in the amount of \$36,600 to MGA Insurance Company, Inc. (MGA) and revokes Ms. Jones-Williams' license.

Background

After proper notice was given, the above-styled case was heard by an administrative law judge for the State Office of Administrative Hearings. The administrative law judge made and filed a proposal for decision containing a recommendation that TDI direct Ms. Jones-Williams to pay restitution to MGA and revoke her license. A copy of the proposal for decision is attached as Exhibit A.

Texas Department of Insurance (TDI) Enforcement staff filed exceptions to the administrative law judge's proposal for decision. Ms. Jones-Williams did not file a reply to the exceptions.

In response to the exceptions, the administrative law judge recommended revising the proposal for decision. A copy of the administrative law judge's response to exceptions is attached as Exhibit B.

TDI adopts the administrative law judge's proposed findings of fact and conclusions of law, with changes to proposed Finding of Fact No. 7 and proposed Conclusion of Law No. 9 as described in this order.

Legal Authority for Changes to Findings of Fact and Conclusions of Law

The legal authority for the changes to the proposal for decision made in this order is TEX. GOV'T. CODE § 2001.058(e)(1) and (3), which provides that "[a] state agency may change a finding of fact or conclusion of law made by the administrative law judge, or may vacate or modify an order issued by the administrative judge, only if the agency determines . . . that the administrative law judge did not properly apply or interpret applicable law, agency rules, written policies [of the agency], or prior administrative decisions . . . or . . . that a technical error in a finding of fact should be changed."

Proposed Finding of Fact No. 7

In exceptions, TDI Enforcement staff discussed how the Analysis section in the proposal for decision addressed the false use of LaJanice Sanderson's social security number. TDI Enforcement staff observed that page 12 of the proposal for decision states:

Additionally, the social security number of a legitimate GAINSCO insured client, LaJanice Sanderson, was disclosed and inaccurately used for a claim, which negatively affected her benefits. While the extent of the Respondent's responsibility for the initial use of the client's social security number is unclear

TDI Enforcement staff asserted that there is no evidence in the record to suggest that LaJanice Sanderson was ever a GAINSCO insured client, and noted that TDI Exhibit 5 indicated that the victim LaJanice Sanderson was in no way affiliated with, associated with, or even had knowledge of GAINSCO before receiving notice from the Treasury that she was subject to a reduction in her Medicare benefits.

In response, the administrative law judge recommended revising the text on page 12 of the proposal for decision to say:

Additionally, the social security number of a victim, LaJanice Sanderson, was falsely used for a claim, which negatively affected her Medicare benefits. While the circumstances of how Respondent obtained the victim's social security number is unclear . . .

However, the Analysis section is not the only place the proposal for decision refers to LaJanice Sanderson as a client of GAINSCO. The wording from page 12 of the proposal for decision was repeated in proposed Finding of Fact No. 7, but the administrative law

Commissioner's Order
TDI v. Stephanie Eunice Jones-Williams
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judge did not make a corresponding change to that when she accepted TDI Enforcement staff's exception.

Because the administrative law judge did revise the Analysis in response to TDI Enforcement staff's exception, the failure to revise proposed Finding of Fact No. 7 is considered a technical error. For consistency with the change made to the wording on page 12, Finding of Fact No. 7 as adopted by this order is changed as follows:

The social security number of a ~~legitimate GAINSCO policyholder~~ victim, LaJanice Sanderson, was ~~incorrectly~~ falsely used in connection with one of the claims at issue and her Medicare benefits were negatively affected as a result.

Proposed Conclusion of Law No. 9

Proposed Conclusion of Law No. 9 cites Insurance Code § 82.053, which states in part:

The commissioner may direct the holder of an authorization to make complete restitution *to each Texas resident, each Texas insured, and each entity operating in this state* that is harmed by a violation . . . (emphasis added).

The proposed conclusion of law includes some of the language from Insurance Code § 82.053, stating:

The commissioner may direct Respondent to make complete restitution that is harmed by her violation in a form and amount determined by the commissioner. Tex. Ins. Code § 82.053.

However, the proposed conclusion of law fails to address victims in its restatement of the statutory language. This is an error in application of the law. This order addresses the error by adding the words "to each entity operating in this state" to Conclusion of Law No. 9 as adopted by the order.

Findings of Fact

1. Proposed Findings of Fact Nos. 1–6 and 8–11 as contained in Exhibit A are adopted and incorporated by reference into this order.
2. In place of proposed Finding of Fact No. 7 as contained in Exhibit A, the following finding of fact is adopted:

The social security number of a victim, LaJanice Sanderson, was falsely used in connection with one of the claims at issue and her Medicare benefits were negatively affected as a result.

Conclusions of Law


1. Proposed Conclusions of Law Nos. 1–8, 10, and 11 as contained in Exhibit A are adopted and incorporated by reference into this order.
2. In place of proposed Conclusion of Law No. 9 as contained in Exhibit A, the following conclusion of law is adopted:

The commissioner may direct Respondent to make complete restitution to each entity operating in this state that is harmed by her violation in a form and amount determined by the commissioner. Tex. Ins. Code § 82.053.

Order


Stephanie Eunice Jones-Williams is ordered to pay restitution to MGA Insurance Company, Inc. in the amount of \$36,600. Proof of payment must be sent electronically to TDI at EnforcementReports@tdi.texas.gov within 30 days this order's date.

It is further ordered that Stephanie Eunice Jones-Williams' adjuster all-lines license is revoked.


Signed by:

 FE10434BC41A470...

 Amanda Crawford
 Commissioner of Insurance

Recommended and reviewed by:

Signed by:

 5DAC5618BBC74D4...

Jessica Barta, General Counsel

Signed by:

 27ADF3DA5BAF4B7...

Justin Beam, Chief Clerk

**BEFORE THE
STATE OFFICE OF ADMINISTRATIVE
HEARINGS**

**TEXAS DEPARTMENT OF INSURANCE,
PETITIONER
v.
STEPHANIE EUNICE JONES-WILLIAMS,
RESPONDENT**

PROPOSAL FOR DECISION

The staff (Staff) of the Texas Department of Insurance (Department) seeks to revoke the adjuster all-lines license held by Stephanie Eunice Jones-Williams (Respondent) based on an allegation that she authorized and made four invalid claim payments. The Administrative Law Judge (ALJ) finds that Staff established that Respondent misappropriated or withheld money belonging to an insurer and engaged in dishonest acts. Based on the evidence presented the ALJ recommends that the Department revoke Respondent's license. The ALJ also recommends directing Respondent to make restitution to MGA Insurance Company, Inc. (MGA).

I. NOTICE, JURISDICTION, AND PROCEDURAL HISTORY

Notice and jurisdiction were not disputed and are set out in the Findings of Fact and Conclusions of Law.

The hearing on the merits was held via Zoom videoconference on September 30, 2025, before ALJ Megan Johnson with the State Office of Administrative Hearings (SOAH). Staff appeared and was represented by attorney Nancy Williams. Respondent appeared and represented herself. The hearing concluded that day, and the record closed on October 20, 2025, upon the filing of the transcript and admitted exhibits.

II. APPLICABLE LAW

The Texas Insurance Code (Code) authorizes the Department to regulate the business of insurance in Texas and to take disciplinary action against agents who violate the laws or rules related to insurance.¹ In particular, the Department may take disciplinary action under Code section 4005.101 against a license holder who has misappropriated, converted to the license holder's own use, or illegally withheld money belonging to an insurer² or who has engaged in fraudulent or dishonest acts or practices.³

¹ Tex. Ins. Code §§ 31.002(1), (3), 4005.102.

² Tex. Ins. Code § 4005.101(b)(4)(A).

³ Tex. Ins. Code § 4005.101(b)(5).

The Department may, among other things, suspend or revoke a license, assess an administrative penalty, or reprimand a license holder.⁴ The Department may also direct a license holder to make restitution to an entity harmed by a violation of the applicable statutes or rules.⁵

The Department has the burden of proof in this proceeding.⁶ The standard of proof is by the preponderance of the evidence.⁷

III. EVIDENCE

At the hearing on the merits, Staff presented testimony from two witnesses and had five exhibits admitted into evidence.⁸ Respondent testified on her own behalf but offered no exhibits.

⁴ Tex. Ins. Code §§ 82.051, 4005.102(2)(A), (4), (5).

⁵ Tex. Ins. Code § 82.053.

⁶ 1 Tex. Admin. Code § 155.427.

⁷ *Granek v. Tex. St. Bd. of Med. Exam'rs*, 172 S.W.3d 761, 777 (Tex. App.—Austin 2005, no pet.) (standard of proof in agency factual determinations is preponderance of the evidence).

⁸ Department (Dept.) Exs. 1-5. Exhibit 5 contains numerous sub-exhibits, including Audio 1, Audio 4, Exhibit 5-A, 5-B, 5-C, 5-D, 5-E-1, 5-E-2, 5-E-3, 5-E-4, 5-E-5, 5-F-1, 5-F-2, 5-G-1, 5-G-2. All of Department's exhibits were admitted without objection from Respondent.

A. BACKGROUND AND STAFF’S ALLEGATIONS

Respondent has an active insurance adjuster license (No. 353242) and was originally licensed in July 1995.⁹ Respondent began working for MGA in September 2018.¹⁰ She was terminated in February 2023 for gross misconduct.¹¹

Just prior to Respondent’s termination, GAINSCO, Inc. (GAINSCO)¹² Special Investigations Unit Analyst Harry Pasku conducted a routine audit of claims payment data.¹³ Mr. Pasku found four questionable payments relating to three claims that were initiated and approved by Respondent:¹⁴

1. November 23, 2019, payment of \$9,500 to La Sanderson in the claim ending in -6779;
2. July 30, 2021, payment of \$10,000 to La Sanderson in the claim ending in -6779;
3. June 20, 2022, payment of \$8,600 to L. Sanderson in the claim ending in -3276; and
4. January 6, 2023, payment of \$8,500 to Synitta Thomas in the claim ending in -4693.

⁹ Dept. Ex. 2.

¹⁰ Dept. Ex. 5A.

¹¹ Dept. Ex. 5A.

¹² GAINSCO is the parent company to MGA.

¹³ Dept. Ex. 5-C.

¹⁴ Dept. Ex. 5-C. GAINSCO’s internal documents relating to these payments are at Department Exhibits 5-E-1 – 5-E-4 (relating to the claim number ending in -6779); 5-F-1 – 5-F-2 (relating to the claim number ending in -3276); and 5-G-1 – 5-G-2 (relating to the claim number ending in 4693).

These payments were ultimately determined to be fraudulent and were the basis of Respondent's termination from MGA and this related action by the Department.¹⁵

On May 2, 2024, a Department investigator wrote Respondent a letter regarding complaints the Department received and relating to the Department's investigation of the allegations.¹⁶ The letter requested responses from Respondent, which she provided.¹⁷

B. HARRY PASKU'S TESTIMONY

Mr. Pasku explained that he conducts quarterly audits for claim payments, reviewing payments to see if there is anything out of the ordinary based on his 14 years of experience at GAINSCO. He testified in detail about the internal investigation relating to Respondent and the four questionable payments totaling \$36,600 she authorized to two individuals, Lashandria Sanderson and Synitta Thomas. Respondent had the authority to authorize and make payments by the company on claims up to \$10,000. Here, only one of the four payments needed formal approval, which was the \$10,000 payment.

Mr. Pasku determined that Respondent knows Ms. Sanderson and Ms. Thomas. Respondent and Ms. Sanderson both held real estate licenses, shared

¹⁵ Dept. Ex. 5-C.

¹⁶ Dept. Ex. 3.

¹⁷ Dept. Ex. 3.

an address at one point, and attended the same university. Respondent is friends with Ms. Thomas on Facebook and liked a photograph of her in November 2022. Finally, Ms. Sanderson and Ms. Thomas follow each other on Instagram.

Mr. Pasku explained that GAINSCO only insures automobiles. He stated that in auto insurance, claims are typically in the state where the claimants reside and involve people from that same state (and, oftentimes, the same city). Here, three of the four claims involved claims in South Carolina, but the payments were not issued to payees in South Carolina or even in an adjoining state. Mr. Pasku testified that this was a red flag.

In addition, Mr. Pasku said that the first claim (-6779) was very unusual for GAINSCO because the claim was related to an attempted murder and hit and run incident for which there was a police report.¹⁸ The underlying incident did involve a GAINSCO insured—she struck the claimant vehicle and struck the home. The claim was paid to the insured and closed in October 2019 by Respondent. In looking at GAINSCO’s internal database relating to this claim, Mr. Pasku discovered that Respondent accessed the claim multiple times after it had been closed, eventually reopening the claim to add a note that a Sergeant Jennings called and told Respondent that “La Sanderson” contacted her stating that she was injured in this accident. Mr. Pasku testified that it was highly unusual to learn about a new party six months after the incident (of whom there is no mention in the police report) and to receive a call from a police officer (who are usually challenging to contact or speak

¹⁸ See Dept. Ex. 5-E-1. Mr. Pasku confirmed there was no mention of a Sanderson anywhere in the police report. But there were multiple payouts to La Sanderson related to this claim. La Sanderson and L. Sanderson are the same person.

with). Moreover, although the call with the officer should have been recorded and in the system, it was not. Next, Mr. Pasku noticed that Respondent added “La Sanderson” as a party to the claim and then made payment within the claim for \$9,500 to “La Sanderson” in Chicago.¹⁹

On October 28, 2020, Respondent returned a call to LaJanice Sanderson.²⁰ LaJanice Sanderson told Respondent that her social security number was used in a claim that she was not involved in and that the claim negatively affected her benefits. Respondent said that she would “take care of it” and gave LaJanice Sanderson her direct phone number. That same day, Respondent sent a letter to LaJanice Sanderson confirming that her social security number was inadvertently used in the claim ending in -6779, that she did not receive any benefits related to this claim, and that she was not involved in the accident.²¹ The letter also confirmed that LaJanice Sanderson’s information was deleted from this claim. Mr. Pasku testified that the situation involving LaJanice Sanderson is a huge concern and that he was “taken aback” by Respondent’s lack of curiosity and interest in trying to get to the bottom of the situation. Moreover, Respondent sent the letter to LaJanice Sanderson without any investigation of the matter or confirmation of her story.

¹⁹ See Dept. Ex. 5-E-3. This is a check made to La Sanderson in the amount of \$9,500 in the claim ending in -6779, dated November 23, 2019.

²⁰ The call is recorded and was admitted as Audio 4.

²¹ Dept. Ex. 5-E-5.

Then, on July 29, 2021, Respondent documented that she received additional medical bills for Lashandria Sanderson’s alleged injuries²² and issued a \$10,000 digital payment for the claim number ending in -6779 to “La Sanderson” at [REDACTED]. The date of the medical bills, however, is January 13, 2020.²³

Mr. Pasku testified that he did not locate any compelling information justifying that the payment to “La Sanderson” for the claim ending in -6779 was a valid payment. Also, Mr. Pasku found no association between “La Sanderson” and the incident or claim, even with the comprehensive police report conducted for the related attempted murder allegation.

Next, Mr. Pasku testified about the claim number ending in -3276. This claim was based on an accident where GAINSCO’s insured vehicle ran a red light and struck the claimant’s vehicle in South Carolina. The claim included a police report, which also indicated that the involved parties had South Carolina addresses.²⁴ The database indicates that a \$1,300 digital payment was made to Kenneth Williams at [REDACTED], which, Mr. Pasku testified, was a valid payment for this claim.²⁵

²² Dept. Ex. 5-E-4. The address on these documents is also in Chicago, Illinois. However, the name on these bills is Lashandria Sanderson, rather than La Sanderson. The name was never updated in GAINSCO’s system.

²³ Dept. Ex. 5-E-4.

²⁴ Dept. Ex. 5-F-1.

²⁵ Dept. Ex. 5-F-2.

Respondent subsequently reopened the claim in June 2022, however, and made a second digital payment of \$8,600.²⁶ This payment went to [REDACTED] and had a related address of Dickinson, Texas.²⁷ Additionally, the customer listed in the database for this second payment is “L. Sanderson.”²⁸ Mr. Pasku testified that he has no doubt this payment did not go to Kenneth Williams.

Finally, Mr. Pasku testified about the third relevant claim ending in -4693. It was also a claim relating to a GAINSCO insured striking two claimant vehicles. This claim had a related police report.²⁹ A claim was made by Shatonia Ross Fatima, which was considered valid, Mr. Pasku stated.

After Respondent closed the claim, she reopened it on January 6, 2023, to change the email address from that of Ms. Fatima to [REDACTED].³⁰ A payment was issued within minutes of reopening the claim to the new email address for \$8,500. The pay details of this transaction show a Synitta Thomas at that email address, along with a contact number.³¹ However, Mr. Pasku testified, there was no indication that Ms. Thomas had a valid claim that would have warranted this payment.

²⁶ Dept. Ex. 5-F-2.

²⁷ Dept. Ex. 5-F-2.

²⁸ Dept. Ex. 5-F-2.

²⁹ Dept. Ex. 5-G-1.

³⁰ Dept. Ex. 5-G-2.

³¹ Dept. Ex. 5-G-2.

C. RESPONDENT'S TESTIMONY

During her testimony, Respondent admitted that she knows Lashandria Sanderson and that they went to school together—they were roommates in Baton Rouge. Respondent knew that Ms. Sanderson moved to Dickinson, Texas from Chicago sometime before April of this year.

She also testified that she knows Synitta Thomas through another person and is friends with her on social media. She stated that she does not know her address, phone number, or email address, however.

Respondent verified that she was arrested and indicted for insurance fraud committed against GAINSCO between November 23, 2019, and January 6, 2023.³²

IV. ANALYSIS

The Department may discipline a license holder if the Department determines that the license holder has misappropriated, converted to the license holder's own use, or illegally withheld money that belongs to an insurer or an insured.³³ The Department may also discipline a license holder who engages in fraudulent or dishonest practices.³⁴

³² Dept. Ex. 4.

³³ Tex. Ins. Code § 4005.101(b)(4)(A).

³⁴ Tex. Ins. Code § 4005.101(b)(5).

The preponderance of the evidence shows that Respondent authorized four invalid claim payments from 2019 to 2023. As explained by Mr. Pasku, during a routine audit, he noticed questionable activity in three claim files to which Respondent was assigned. Upon further investigation and diligence, Mr. Pasku concluded that Respondent had authorized the four invalid payments to two different payees across the three claims, as follows:³⁵

Claim #	check #	payment type	paid to	gross amount	issue date	cleared date	scheduled send date	status
SC-6779	105738	Check	La Sanderson	\$9,500.00	11/23/2019		11/22/2019	Issued
SC-6779	146688377	Digital	La Sanderson	\$10,000.00	7/30/2021		7/30/2021	Issued
SC-3276	194901641	Digital	L Sanderson	\$8,600.00	6/21/2022		6/20/2022	Issued
SC-4693	231557720	Digital	Synitta Thomas	\$8,500.00	1/6/2023		1/6/2023	Issued
TOTAL				\$36,600.00				

Neither La Sanderson nor Synitta Thomas had any legitimate affiliation with or claim relating to the valid underlying claims at issue. The ALJ finds Mr. Pasku’s testimony and report thorough and credible. Respondent did not offer any evidence to dispute or refute the allegations by the Department or the investigation conducted by Mr. Pasku. Therefore, the ALJ finds that Respondent misappropriated money belonging to an insurer in violation of Code section 4005.101(b)(4)(A) and engaged in dishonest acts against GAINSCO in violation of Code section 4005.101(b)(5).

Because Staff established that Respondent engaged in conduct for which she can be disciplined, the issue becomes what discipline is appropriate. Under Code section 4005.102, the Department may, among other things, suspend or revoke a license, assess an administrative penalty, or reprimand a license holder. The

³⁵ This chart is from Department Exhibit 5-C.

Department commissioner may also order restitution under Texas Insurance Code section 82.053.

Staff requested that Respondent’s license be revoked and that she be ordered to pay restitution. The ALJ finds that revocation and restitution up to \$36,600 are appropriate. Respondent authorized four invalid claim payments totaling \$36,600. Additionally, the social security number of a legitimate GAINSCO-insured client, LaJanice Sanderson, was disclosed and inaccurately used for a claim, which negatively affected her benefits. While the extent of Respondent’s responsibility for the initial use of the client’s social security number is unclear, her response to the client’s call and apprehensions was highly concerning because Respondent failed to ask any questions to ascertain the facts surrounding the disconcerting situation or to even investigate the veracity of LaJanice Sanderson’s claims. Despite this, she removed LaJanice Sanderson’s information from the database and sent her a letter “taking care of” the issue. The extent of Respondent’s misappropriation and related dishonesty is significant and highly concerning for an insurance adjuster. Therefore, the ALJ recommends that the Department revoke Respondent’s license and order restitution.

In support of that determination, the ALJ proposes the following Findings of Fact and Conclusions of Law.

V. FINDINGS OF FACT

1. Stephaie Eunice Jones-Williams (Respondent) holds an adjuster all-lines license issued by the Texas Department of Insurance (Department) on

- July 3, 1995. Respondent failed to renew her license, and it became inactive on July 3, 2007. Respondent reactivated the license on July 11, 2013.
2. Respondent was employed by MGA Insurance Company, Inc. (MGA), a subsidiary of GAINSCO, Inc. (GAINSCO) from September 4, 2018, until her termination on February 17, 2023.
 3. Respondent authorized four invalid claim payments (Invalid Claims) totaling \$36,600 related to claims that had already been closed following legitimate payments to legitimate claimants:
 - a. November 23, 2019, payment of \$9,500 to La Sanderson;
 - b. July 30, 2021, payment of \$10,000 to La Sanderson;
 - c. June 20, 2022, payment of \$8,600 to L. Sanderson; and
 - d. January 6, 2023, payment of \$8,500 to Synitta Thomas.
 4. Neither L. Sanderson nor S. Thomas were associated with the MGA or GAINSCO claims ending in -6679, -3276, or -4693.
 5. The invalid payments were made after the claims were closed and then reopened by Respondent.
 6. Respondent has personal connections to Ms. Sanderson and Ms. Thomas.
 7. The social security number of a legitimate GAINSCO policyholder was incorrectly used in connection with one of the claims at issue and her benefits were negatively affected as a result.
 8. Respondent failed to investigate the facts surrounding the use of LaJanice Sanderson's social security number.
 9. Respondent was terminated from MGA for authorizing the Invalid Claims.
 10. GAINSCO suffered a loss of \$36,600 as a result of Respondent's conduct.
 11. Respondent was dishonest when she authorized the Invalid Claims on behalf of GAINSCO.

12. Respondent was the subject of an investigation by the Department wherein she received a warning letter notifying her that acts of fraud and dishonesty may lead to discipline, including the revocation of her license.
13. On May 28, 2025, Department staff (Staff) issued a notice of hearing. The notice of hearing, together with the Original Petition, contained a statement of the time, place, and nature of the hearing; a statement of the legal authority and jurisdiction under which the hearing was to be held; a reference to the particular sections of the statutes and rules involved; and either a short, plain statement of the factual matters asserted or an attachment that incorporated by reference the factual matters asserted in the complaint or petition filed with the state agency.
14. The hearing in this case was held by videoconference on September 30, 2025, before Administrative Law Judge Megan Johnson of the State Office of Administrative Hearings (SOAH). Staff appeared and was represented by Staff Attorney Nancy Williams. Respondent appeared and represented herself. The hearing concluded that day, and the record closed on October 20, 2025, upon the filing of the transcript and admitted exhibits.

VI. CONCLUSIONS OF LAW

1. The Department has jurisdiction over this matter. Tex. Ins. Code §§ 82.051-.055, 4001.002, 4005.101-.102, 4051.051, 4054.051.
2. SOAH has authority to hear this matter and issue a proposal for decision with findings of fact and conclusions of law. Tex. Gov't Code ch. 2003; Tex. Ins. Code § 4005.104.
3. Respondent received timely and sufficient notice of hearing. Tex. Gov't Code §§ 2001.051-.052; Tex. Ins. Code § 4005.104(b).
4. Staff had the burden of proof to establish grounds for disciplinary action against Respondent. 1 Tex. Admin. Code § 155.427.
5. The standard of proof is by the preponderance of the evidence. *Granek v. Tex. St. Bd. of Med. Exam'rs*, 172 S.W.3d 761, 777 (Tex. App.—Austin 2005, no pet.).

6. Respondent misappropriated, converted, or illegally withheld money belonging to an insurer in violation of Texas Insurance Code section 4005.101(b)(4)(A).
7. Respondent engaged in fraudulent or dishonest acts in violation of Texas Insurance Code section 4005.101(b)(5).
8. Respondent engaged in conduct for which she can be disciplined. The Department may, among other things, suspend or revoke her license, assess an administrative penalty, or reprimand her. Tex. Ins. Code §§ 82.051-.052, 4005.102.
9. The commissioner may direct Respondent to make complete restitution that is harmed by her violation in a form and amount determined by the commissioner. Tex. Ins. Code § 82.053.
10. Respondent's license should be revoked.
11. The commissioner should direct Respondent to make complete restitution to MGA in the amount of \$36,600.

Signed December 15, 2025.



Megan Johnson
Presiding Administrative Law Judge

State Office of Administrative Hearings

Kristofer S. Monson
Chief Administrative Law Judge

January 21, 2026

Nancy Williams
Texas Department of Insurance

VIA EFILE TEXAS

Stephanie Eunice Jones-Williams
Respondent

VIA EFILE TEXAS

RE: Docket Number 454-25-19904.C; TDI No. 3285; *Texas Department of Insurance v. Stephanie Eunice Jones-Williams*

Dear Parties:

On December 15, 2025, I issued a Proposal for a Decision (PFD) in this case. Exceptions to the PFD were timely filed by Staff for the Texas Department of Insurance (Department) on December 17, 2025. No other exceptions responses were filed. I have reviewed the Department's exceptions, and I make the following change to the PFD. The third and fourth sentences of the first full paragraph on page 12 of the Analysis section are amended to read:

Additionally, the social security number of a legitimate GAINSCO insured client a victim, LaJanice Sanderson, was disclosed and inaccurately falsely used for a claim, which negatively affected her Medicare benefits. While the extent of the Respondent's responsibility for the initial use of the client's circumstances of how Respondent obtained the victim's social security number is unclear...

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Exceptions Letter

January 21, 2026

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No changes to the findings of fact or conclusions of law were requested or made. With the aforementioned changes, the PFD is ready for your review, and I recommend its adoption as modified.

A handwritten signature in blue ink, appearing to read "Megan Johnson", is positioned above a horizontal line.

Megan Johnson,

Presiding Administrative Law Judge

CC: Service List