

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

Cause Number: 13601-AG15-0421-111

IN THE MATTER OF)
)
Stuart Brown)
226 Pam Rd)
Indianapolis, IN 46280)
)
Respondent)
)
Type of Agency Action: Enforcement)
)
Resident Producer License: 675440)

FILED

FEB 12 2016

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER

The Enforcement Division of the Indiana Department of Insurance (“Department”), by counsel Brigitte R. Collier, and Stuart Brown (“Respondent”), a licensed resident insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the above-captioned cause number, and which has been submitted to the Commissioner of the Indiana Department of Insurance (the “Commissioner”) for approval.

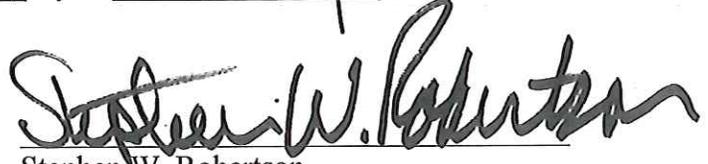
The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry, attached, as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner as follows:

1. Respondent’s Indiana Resident Insurance Producer License, number 675440, is hereby permanently revoked for embezzlement.

2. The Department agrees to accept this agreement as full resolution of this matter.

ALL OF WHICH IS ORDERED this 12 day of February 2016.



Stephen W. Robertson,
Commissioner
Indiana Department of Insurance

Distribution:

Calla Dain, Insurance Investigator
Indiana Department Of Insurance
311 West Washington Street, Suite 103
Indianapolis, Indiana 46204-2787

Stuart Brown
CO: Jeffrey A. Baldwin
141 E Washington St, Ste 300
Indianapolis, IN 46204

Certified Mail Receipt: 91 7190 0005 2720 0055 2225

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STATE OF INDIANA
DEPT. OF INSURANCE

AGREED ENTRY

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Brigitte R. Collier, and Stuart Brown ("Respondent"), to resolve all issues in the above-captioned cause number. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner of the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed Resident Insurance Producer, holding license number 675440; and

WHEREAS, on or about December 23, 2014, Respondent was terminated from Farmers Insurance Company for alleged embezzlement;

WHEREAS, the Respondent's conduct is a violation of Indiana Code § 27-1-15.6-12(b)(8), which states that an insurance producer shall not use fraudulent, coercive, or dishonest practices, or demonstrate incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in Indiana or elsewhere;

WHEREAS, the Department and Respondent (collectively, the "Parties") desire to resolve this matter without the necessity of a hearing.

IT IS, THEREFORE, NOW AGREED by and between the parties as follows:

1. The Commissioner has jurisdiction over the subject matter and the Parties to this Agreed Entry.
2. This Agreed Entry is executed voluntarily by the Parties.
3. Respondent voluntarily and freely waives the right to a public hearing on the issues in this matter.
4. Respondent voluntarily and freely waives the right to judicial review of this matter.
5. Respondent agrees to the Permanent Revocation of his Resident Insurance Producer's License.
6. The Department agrees to accept Respondent's compliance with this agreement as full satisfaction of this matter.
7. Respondent has carefully read and examined this agreement and fully understands its terms.
8. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.
9. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.

10. Respondent is aware that failure to comply with any of the terms of this agreement will result in the matter being set for a hearing.

2-8-16
Date Signed

Brigitte Collier
Brigitte R. Collier, Attorney
Indiana Department of Insurance

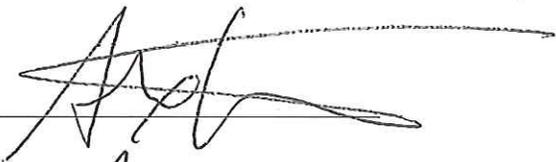
9-14-15
Date Signed

[Signature]
Stuart Brown, Respondent

SC
STATE OF INDIANA)
) SS:
COUNTY OF DORCHESTER)

Before me a Notary Public for DORCHESTER County, State of ~~Indiana~~^{SC}, personally appeared Stuart Brown, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 14 day of SEPT, 2015.

Signature 
Printed ALEX COTE

My Commission expires: 9/22/21

County of Residence: CHARLESTON

CERTIFIED MAIL RECEIPT: 9214 8901 0661 5400 0057 0843 18