

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NO.:14147-AG16-0115-008

IN THE MATTER OF: )

Cutonya Copeland )  
19222SW 39<sup>th</sup> St )  
Miramar, FL 33029 )

Respondent )

License Number: 992160 )

Type of Action: Enforcement )

**FILED**

FEB 29 2016

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINDINGS OF FACT AND SUSPENSION ORDER**

WHEREAS, Cutonya Copeland (“Respondent”) is a non-resident insurance producer under license number 992160.

WHEREAS, Indiana Code 27-1-15.6-12(g) states that a licensed producer must furnish the Commissioner with a full and complete report listing each insurer with which the licensee has held an appointment during the preceding year within ten (10) days of a request.

WHEREAS, on January 26, 2016, the Commissioner of the Indiana Department of Insurance (“Commissioner”) mailed Respondent a certified letter requesting a list of appointments.

WHEREAS, on January 30, 2016, the certified letter with the delivery tracking number 9171900005272000544329 was received and marked as delivered by the United States Postal Service, indicating receipt of the Commissioner’s request.

WHEREAS, Respondent has failed to provide a list of appointments within ten (10) days as required under Indiana Code 27-1-15.6-12(g).

WHEREAS, Indiana Code 27-1-15.6-12(h) provides that the Commissioner may, without a hearing and in his sole discretion, suspend any insurance license held by the licensee in the event that the licensee fails to remit the list of appointments within ten (10) days.

IT IS THEREFORE ORDERED BY THE COMMISSIONER that Respondent's license number 992160 is hereby suspended, effective immediately, and will remain suspended until Respondent submits the list of appointments requested by the Commissioner.

ALL OF WHICH IS ORDERED the 29 day of February, 2016.

A handwritten signature in black ink, reading "Stephen W. Robertson". The signature is written in a cursive style with a large, sweeping initial "S".

Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

**Certified Mail Receipt Number: 91 7190 0005 2720 0056 2668**

Copies to:

Cutonya Copeland  
19222 SW 39<sup>th</sup> St  
Miramar, FL 33029

Melissa Higgins, Investigator  
**Indiana Department of Insurance**  
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Indianapolis, IN 46204-2787