

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
CAUSE NUMBER: 14447-AG15-0820-232

Dennis Olsen)
2739 Linden Ln)
Valencia, CA 91354)
Respondent)
Type of Agency Action: Enforcement)
License Number: 480747)

FILED
SEP 11 2015
STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER

The Enforcement Division of the Indiana Department of Insurance (“Department”), by counsel, Brigitte R. Collier, and Dennis Olsen (“Respondent”), a licensed nonresident 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, 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 of Insurance:

1. Respondent shall pay an administrative fine of two hundred fifty dollars (\$250.00) within thirty (30) days after the Commissioner signs the Final Order, for his failure to disclose a June 04, 2015 administrative action by the Florida Department of Financial Services.
2. The Department agrees to accept this agreement as full resolution of this matter.

ALL OF WHICH IS ORDERED this 11th day of September 2015.



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

Dennis Olsen
2739 Linden Ln
Valencia, CA 91354

Certified Receipt Number: 91 7190 0005 2720 0046 9394

STATE OF INDIANA)
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BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
Cause Number: 14447-AG15-0820-232

IN THE MATTER OF:)
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Dennis Olsen)
2739 Linden Ln)
Valencia, CA 91354)
)
Respondent.)
)
Type of Agency Action:)
Enforcement)
)
Producer's License: 480747)

FILED

SEP 11 2015

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 Dennis Olsen ("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 Nonresident Insurance Producer, holding license number 480747;

WHEREAS, on June 04, 2015 Respondent was subject to an administrative action by the Florida Department of Financial Services, which was not reported to the Department;

WHEREAS, Respondent's conduct is in violation of Indiana Code § 27-1-15.6-17(a) which states that a producer shall report to the commissioner any administrative action taken against the producer in another jurisdiction or by another governmental agency in Indiana not more than thirty (30) days after the final disposition of the matter.

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 shall pay an administrative fine of Two Hundred Fifty Dollars (\$250.00) to the Department within thirty (30) days after the Commissioner's Final Order adopting this Agreed Entry.
6. Should additional violations manifest, this fine shall be in addition to any administrative actions for the new violation.
7. The Department agrees to accept Respondent's compliance with this agreement as full satisfaction of this matter.
8. Respondent has carefully read and examined this agreement and fully understands its terms.
9. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.
10. 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.

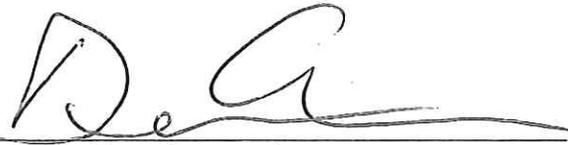
11. Respondent is aware that failure to comply with any of the terms of this agreement will result in the matter being set for a hearing.

9-10-15
Date Signed



Brigitte R. Collier, Attorney
Indiana Department of Insurance

9-1-15
Date Signed



Dennis Olsen, Respondent

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 1st day of September, 2015,
by Dennis Olsen
(1) _____
Date Month Year

(1) Dennis Olsen

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Cindy L. Bowen
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: State of Indiana Administrative Action Document Date: 8-25-15

Number of Pages: 4 Signer(s) Other Than Named Above: _____