

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8228-AG09-0506-087

IN THE MATTER OF: )  
 )  
Barbara A. Williams )  
Respondent )  
 )  
3814 Antwerp Terrace )  
Indianapolis, IN 46228 )  
 )  
License Number: 3070190 )  
 )  
Type of Agency Action: Enforcement )

**FILED**

SEP 25 2009

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER AND APPROVAL**


The Indiana Department of Insurance (“Department”) and Barbara A. Williams (“Respondent”), a licensed resident Indiana Insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent’s license, and which has been submitted to the Commissioner 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, ADJUDGED AND DECREED by the Commissioner of Insurance:

1. Respondent's Indiana insurance producer license number 3070190 shall be permanently revoked, effective upon the date of this Final Order.

ALL OF WHICH IS ORDERED this 25<sup>th</sup> day of Sept., 2009.

  
\_\_\_\_\_  
Carol Cutter, Commissioner  
Indiana Department of Insurance

Distribution:

Nikolas P. Mann  
**INDIANA DEPARTMENT OF INSURANCE**  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

Barbara A. Williams  
3814 Antwerp Terrace  
Indianapolis, IN 46228

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STATE OF INDIANA  
DEPT. OF INSURANCE

**AGREED ENTRY**

This Agreed Entry is entered into by Nikolas P. Mann, Attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and Barbara A. Williams ("Respondent"), a licensed Indiana resident insurance producer, to resolve all matters in the administrative action commenced by the Department. This Agreed Entry is subject to the review and approval of Carol Cutter, Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed resident insurance producer in the State of Indiana, holding license number 3070190; and,


WHEREAS, the Department commenced an investigation of Respondent on April 21, 2009, after receipt of complaints regarding the misappropriation of premium and failure to provide adequate customer service; and,

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of an administrative hearing.


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

1. The Commissioner has jurisdiction over the subject matter and the Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives her right to a public hearing on this matter.
3. Respondent voluntarily and freely waives her right to petition for judicial review of this agreement and the Commissioner's Final Order.
4. Respondent agrees to the permanent revocation of her license effective the date the Commissioner signs the Final Order in this matter.
5. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.
6. Respondent is aware that failure to comply with any terms of this agreement will result in the matter being set for hearing.
7. Respondent has carefully read this agreement and fully understands and accepts its terms.

9/22/09  
Date Signed

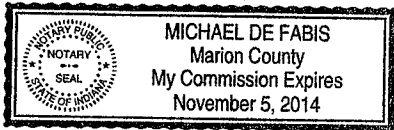
  
Nikolas P. Mann, Attorney  
Indiana Department of Insurance

9-22-09  
Date Signed

  
Barbara A. Williams, Respondent

STATE OF INDIANA                    )  
  ) SS:  
COUNTY OF   MARION              )

Before me a Notary Public for   BARBARA A. Williams   County, State of Indiana,  
personally appeared Barbara A. Williams and being first duly sworn by me upon her oath,  
says that the facts alleged in the foregoing instrument are true. Signed and sealed this   22    
day of   SEPT.  , 2009.



  Michael De Fabis    
Notary Signature

  MICHAEL DEFABIS    
Printed

My Commission expires:   November 5, 2014  

County of Residence:   MARION  

**Return executed originals to:**  
INDIANA DEPARTMENT OF INSURANCE  
Enforcement Division, Suite 300  
311 West Washington Street  
Indianapolis, IN 46204-2787  
317/233-4243 - telephone  
317/232-5251 – facsimile