

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 7891-AG09-0814-191

Grant Allison,)
Agent/ Respondent)
)
16345 Prairie Avenue)
South Holland, IL 60473)
)
Type of Agency Action: Enforcement)
)
)
Indiana Insurance License No.: 494566)

FILED
NOV 17 2009
STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance (“Department”) and Grant Allison, (“Respondent”), 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, by the Commissioner of Insurance:

1. Respondent intentionally misrepresented the terms of an actual or proposed insurance contract or application for insurance.
2. Respondent admits that he used fraudulent and dishonest practices, demonstrating untrustworthiness in the conduct of business in Indiana.
3. Respondent forged another's name to an application for insurance and to claim forms.
4. Respondent's active Indiana non-resident producer's license, number 494566, is Permanently Revoked.

ALL OF WHICH IS ORDERED this 17th day of November 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

Grant Allison
16345 Prairie Avenue
South Holland, IL 60473

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STATE OF INDIANA
DEPT. OF INSURANCE

Indiana Insurance License No.: 494566

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 Grant Allison ("Respondent"), a licensed Indiana non-resident insurance producer holding license number 494566, to resolve all matters under Cause Number 7891-AG09-0814-191. This Agreed Entry is subject to the review and approval of Carol Cutter, Commissioner, Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer in the State of Indiana; and

WHEREAS, on or about February 17, 2009, a formal complaint was received by the Department from Keisha Weeks, the Market Conduct/Regulatory Compliance Director for AFLAC Insurance Company, alleging that Respondent knowingly submitted applications with false information, and forged applicants' signatures on applications, and

issued three hundred five (305) policies to ninety five (95) different policyholders without their knowledge or consent; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without a hearing;

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

1. The Commissioner has jurisdiction over the subject matter and Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties.
3. Respondent voluntarily and freely waives his right to a public hearing on the issues in this action.
4. Respondent forged applicants' signatures on applications for insurance.
5. Respondent admitted, in a recorded interview, to issuing some amount of business that was contrary to his character and business that should never have been issued. Respondent's company investigation determined that approximately ninety (90) percent of Respondent's direct business was issued fraudulently. Respondent stated that he was under a large amount of stress because his wife was filing for divorce, they had a newborn child, and he needed money to cover the costs of going through a divorce.
6. Respondent intentionally misrepresented the terms of proposed insurance applications for insurance.
7. Respondent used fraudulent and dishonest practices, demonstrating untrustworthiness in the conduct of business in Indiana.

INDIANA DEPARTMENT OF INSURANCE
Enforcement Division
Suite 300
311 West Washington Street
Indianapolis, IN 46204-2787
317/234-5888 - telephone
317/234-2103 - facsimile

8. Respondent agrees to the permanent revocation of his Indiana non-resident insurance producer license number 494566.
9. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.
10. Respondent has carefully read this agreement and fully understands and accepts its terms.

9-2-09 11/16/09
Date Signed

Nikolas P. Mann
Nikolas P. Mann, Attorney
Indiana Department of Insurance

9-8-09
Date Signed

Grant Allison
Grant Allison, Respondent

STATE OF ILLINOIS)
) SS:
COUNTY OF _____)

Before me a Notary Public for Grant Allison County, State of Illinois, personally appeared Grant Allison and being first duly sworn by me upon his oath, states that the facts alleged in the foregoing instrument are true. Signed and sealed this 3rd day of October 2009.

Denise M Campos
Notary Signature

Denise M Campos
Notary Name Printed

My Commission expires: Aug 04, 2012

County of Residence: ILLINOIS

