

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8710-AG09-1023-220

Virginia L. Harmon,)
Agent / Respondent)
)
90 Frostwood Lane)
Greenwood, Indiana 46143)
)
Type of Agency Action: Enforcement)
)
)

FILED

NOV 06 2009

STATE OF INDIANA
DEPT. OF INSURANCE

Indiana Insurance License No.: 460377

FINAL ORDER AND APPROVAL


The Indiana Department of Insurance (“Department”) and Virginia L. Harmon, (“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 demonstrated financial irresponsibility in the conduct of business in Indiana.
2. Respondent engaged in the writing of controlled business as defined in IC 27-1-15.6-12(j).
3. Respondent's Indiana resident producer's license, number 460377, is Permanently Revoked.

ALL OF WHICH IS ORDERED this 10 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

Virginia L. Harmon
90 Frostwood Lane
Greenwood, Indiana 46143

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STATE OF INDIANA
DEPT. OF INSURANCE

Indiana Insurance License No.: 460377

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 Virginia L. Harmon (“Respondent”), a licensed Indiana resident insurance producer holding license number 460377, to resolve all matters under Cause Number 8710-AG09-1023-220. This Agreed Entry is subject to the review and approval of Carol Cutter, Commissioner, Indiana Department of Insurance.

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

WHEREAS, on or about October 14, 2009, a Special Investigation Unit Summary Report was received by the Department from Benjamin Lamb, an Investigator for AFLAC Insurance Company, alleging that Respondent initiated invalid business with no intent to pay by knowingly issuing thirty-seven (37) policies to seven (7) different policyholders,

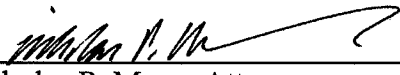
all of which were family members of the Respondent. Of the thirty-seven (37) policies, only two (2) had premiums applied to pay for the policies; and

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 her right to a public hearing on the issues in this action.
4. Respondent demonstrated financial irresponsibility in the conduct of business in Indiana.
5. Respondent used her license for the purpose of writing controlled business. Respondent's aggregate commissions during a twelve (12) month period exceeded Fifty-two (52) percent of the aggregate commission earned on all business written by Respondent during the same period.
6. Respondent agrees to the permanent revocation of her Indiana resident insurance producer license number 460377.
7. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.
8. Respondent has carefully read this agreement and fully understands and accepts its terms.

11/2/09
Date Signed

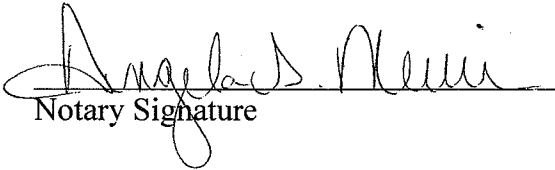

Nikolas P. Mann, Attorney
Indiana Department of Insurance

10.29.09
Date Signed


Virginia L. Harmon, Respondent

STATE OF INDIANA)
) SS:
COUNTY OF Johnson)

Before me a Notary Public for Johnson County, State of Indiana,
personally appeared Virginia L. Harmon and being first duly sworn by me upon her oath,
states that the facts alleged in the foregoing instrument are true. Signed and sealed this
29 day of ~~November~~ October 2009.


Notary Signature

Angela S. Merriman
Notary Name Printed

My Commission expires: October 26, 2017

County of Residence: Johnson

INDIANA DEPARTMENT OF INSURANCE
Enforcement Division
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317/234-5888 - telephone
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