

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
CAUSE NUMBER: 9342-AG10-0511-089

IN THE MATTER OF:

Catherine Butschek)
Agent / Respondent)

1755 Country Club Rd.)
Wylie, TX 75098)

Type of Agency Action: Enforcement)

Indiana Insurance License No.:650807)

FILED

JUN 24 2010

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance (“Department”) and Catherine Butschek (“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. (See Exhibit ‘A’ attached hereto)

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:

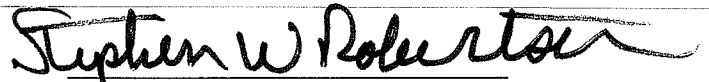
1. Respondent shall pay an administrative fine in the amount of one thousand dollars (\$1000.00), payable within sixty (60) days from the date this Final Order is filed.

2. Respondent, if Respondent has not already done so, shall file a semi-annual tax report for July through December 2009 within ten (10) days from the date this Final Order is filed.

3. Respondent shall be on probation for a period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law including Indiana Code 27-1-15.8-4(c).

4. The Department shall accept Respondent's compliance with the terms of this Final Order as full resolution of this matter.

ALL OF WHICH IS ORDERED this 24th day of June, 2010.



Stephen W. Robertson,
Acting Commissioner/ Executive Director
Indiana Department of Insurance

Distribution:

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

Catherine Butschek
1755 Country Club Rd.
Wylie, TX 75098

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
CAUSE NUMBER: 9342-AG10-0511-089

IN THE MATTER OF:

Catherine Butschek)
Agent / Respondent)

1755 Country Club Rd.)
Wylie, TX 75098)

Type of Agency Action: Enforcement)

Indiana Insurance License No.:650807)

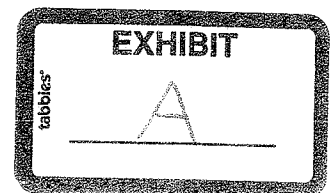
FILED
JUN 24 2010
STATE OF INDIANA
DEPT. OF INSURANCE

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 Catherine Butschek ("Respondent"), a licensed Indiana non-resident insurance producer holding license number - 650807, to resolve all matters in the above referenced administrative action. This Agreed Entry is subject to the review and approval of The Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer holding license number 650807.

WHEREAS, Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code Section 27-1-15.8 *et seq* and is therefore bound by all requirements and restrictions contained therein.



WHEREAS, pursuant to Indiana Code 27-1-15.8-4(c) Respondent was required to file a semi-annual tax report for July through December 2009 on or before February 1, 2010.

WHEREAS, Respondent failed to file the above referenced tax report by the specified deadline in violation of Indiana Code 27-1-15.8-4(c).

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues 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 Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives the right to a public hearing on this matter.
3. Respondent voluntarily and freely waives the right to petition for judicial review of this agreement and the Commissioner's Final Order.
4. Respondent agrees to pay an administrative fine in the amount of one thousand dollars (\$1,000.00), payable within sixty (60) days from the date the Commission files the Final Order in this matter.
5. Respondent agrees, if Respondent has not already done so, to file a semi-annual tax report for July through December 2009 within ten (10) days from the date the Commission files the Final Order in this matter.
6. Respondent agrees to a probationary period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law including Indiana Code 27-1-15.8-4(c).

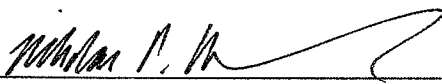
7. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.


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

9. Respondent has carefully read this agreement and fully understands and accepts its terms.

6/17/10
Date Signed

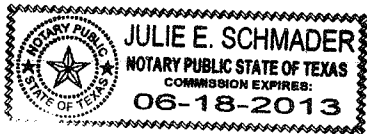
6-7-10
Date Signed


Nikolas P. Mann, Deputy Commissioner
Indiana Department of Insurance


Catherine Butschek, Respondent

STATE OF TEXAS)
) SS:
COUNTY OF COLLIN)

Before me a Notary Public for COLLIN County, State of TEXAS,
personally appeared Catherine Butschek 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 7th day
of June 2010.



Julie Schmader
Notary Signature

JULIE SCHMADER Notary
Name Printed

My Commission expires: 06-18-2013

County of Residence: COLLIN

Return original NOTARIZED document 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