

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 8316-AG10-0511-100

IN THE MATTER OF:

Amrit Singh)
Agent / Respondent)
)
1350 E. Patcheck Blvd. Unit B 222)
Los Banos, CA 93635)
)
Type of Agency Action: Enforcement)
)
Indiana Insurance License No.:622597)

FILED

JUL 23 2010

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance (“Department”) and Amrit Singh (“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.

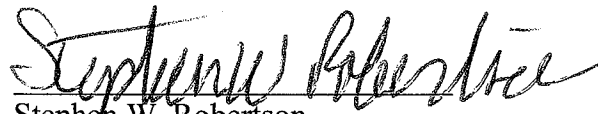
IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent’s Indiana producers license number 622597 is hereby revoked.

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. 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 23th day of July, 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

Amrit Singh
1350 E. Patcheck Blvd. Unit B 222
Los Banos, CA 93635

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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 Amrit Singh ("Respondent"), a licensed Indiana non-resident insurance producer holding license number 622597, 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 622597.

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.

EXHIBIT

A

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;

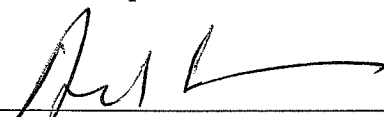
IT IS THEREFORE, NOW AGREED by and between the parties as follows:

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 a permanent revocation of her Indiana producer's license number 622597.
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. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.
7. Respondent is aware that her failure to comply with any terms of this agreement will result in the matter being set for hearing.
8. Respondent has carefully read this agreement and fully understands and accepts its terms.

7/7/10
Date Signed

6/27/10
Date Signed


Nikolas P. Mann, Deputy Commissioner
Indiana Department of Insurance


Amrit Singh, Respondent

STATE OF _____)
) SS:
COUNTY OF _____)

Before me a Notary Public for _____ County, State of _____, personally appeared Amrit Singh 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 ____ day of _____ 2010.

Notary Signature

Name Printed _____ Notary

My Commission expires: _____

County of Residence: _____

Please see attached page for Notary Seal.

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

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Merced

On 7/01/10 before me, Jennifer Leigh Keller, Notary Public
(Here insert name and title of the officer)

personally appeared Amrit Singh

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jennifer Leigh Keller
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____