

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9426-AG10-0909-138

IN THE MATTER OF:

Douglas Davies)
Agent / Respondent)

8132 State Bend Dr.)
Indianapolis, IN 46239)

Type of Agency Action: Enforcement)

Indiana Insurance License No.: 601308)

FILED
SEP 18 2010
STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance (“Department”) and Douglas Davies (“Respondent”), a licensed resident Indiana Insurance Producer, signed an Agreed Entry which purports to resolve all issues involved in the above captioned action, and which has been submitted to the Acting Commissioner of Insurance (the “Commissioner”) for approval. (See Exhibit ‘A’ attached hereto)

The Acting 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 Acting 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 Acting Commissioner of Insurance:

1. Respondent shall pay a two thousand dollar (\$2,000.00) civil penalty to the Indiana Department of Insurance within thirty (30) day from the date this order is filed.

2. Respondent's Indiana Producer License, number 601308, shall be placed on probation for a period of two (2) years, and shall be permanently revoked if Respondent is found to have committed any violation of Indiana Insurance law during that probation period.

ALL OF WHICH IS ORDERED this 13th day of September 2010.



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

Distribution:

Laura A. Levenhagen
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Douglas Davies
8132 State Bend Dr.
Indianapolis, IN 46239

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STATE OF INDIANA
DEPT. OF INSURANCE

AGREED ENTRY

This Agreed Entry is executed between the State of Indiana, Department of Insurance (“Department”) through Counsel Laura A. W. Levenhagen, and Douglas Davies (“Respondent”), a licensed resident insurance agent. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Executive Director and Acting Commissioner, Indiana Department of Insurance.

WHEREAS, Respondent is a licensed resident insurance producer in Indiana, holding license number 601308.

WHEREAS, Respondent is alleged to have forged the signature of an Indiana consumer onto an application for insurance;

WHEREAS, Respondent has admitted to this forgery.

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

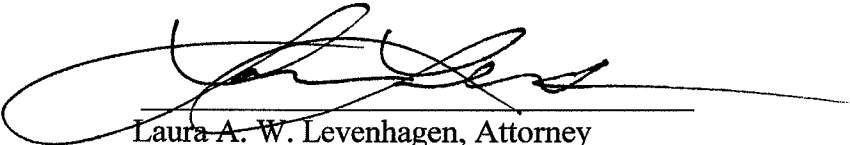
1. The Commissioner has jurisdiction over the subject matter of, and the parties to, this Agreed Entry.

2. This Agreed Entry is executed voluntarily by the parties without the presence of any duress, coercion, or undue influence.
3. Respondent voluntarily and freely waives his right to a public hearing on the issues in the above captioned matter.
4. Respondent voluntarily and freely waives his right to petition for judicial review of this agreement and the Commissioner's Final Order.
5. Respondent agrees that his actions have made him subject to penalties under Indiana Code § 27-1-15.6.12(b)(10), including, but not limited to, probation, suspension, or revocation of Respondent's Indiana non-resident insurance license, and fines.
6. Respondent agrees to pay a two thousand dollar (\$2,000.00) civil penalty, which shall be payable within thirty (30) days from the date the Commissioner files a Final Order in the above captioned matter.
7. Respondent agrees that his insurance license, number 601308, shall be placed on probation for a period of two (2) years, and that if Respondent commits any violation of Indiana Insurance law in that time his license shall be permanently revoked.
8. The Department agrees to accept Respondent's compliance with the terms of this agreement as full resolution of this matter.
9. Respondent has carefully read and examined this agreement and fully understands its terms.
10. Respondent is aware that failure to comply with any term of this agreement will result in the matter being set for hearing.

11. Respondent understands that this agreement will result in a state action against his Indiana resident license, and Respondent may be required to report that action to other states where he holds professional licenses.

9-9-10
Date Signed

9-9-10
Date Signed



Laura A. W. Levenhagen, Attorney
Indiana Department of Insurance



Douglas Davies, Respondent

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

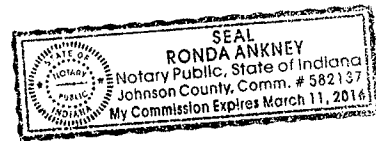
Before me a Notary Public for Marion County, State of Indiana, personally appeared Douglas Davies and being first duly sworn by me upon his oath, states that the facts alleged in the foregoing instrument are true. Signed and sealed this 9th day of Sept., 2010.

Ronda Ankney
Notary Signature

RONDA ANKNEY
Notary Name Printed

My Commission expires: 3.11.2016

County of Residence: Johnson



INDIANA DEPARTMENT OF INSURANCE
Enforcement Division
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311 West Washington Street
Indianapolis, IN 46204-2787
317/233-4243 - telephone
317/232-5251 - facsimile