

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF MARION    )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9911-AG10-1214-167

IN THE MATTER OF:

Shannon K. Hart  
Respondent

8347 Basswood Dr., Apt. 1-B  
Indianapolis, IN 46268

License Number: 673925

Type of Agency Action: Enforcement

**FILED**

JAN 06 2011

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER**

The Indiana Department of Insurance ("Department") and Shannon K. Hart, ("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.

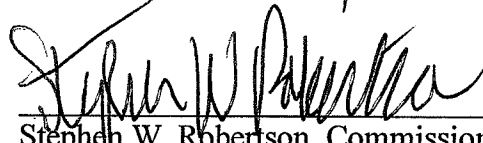
The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent's Indiana producer license number 673925 is permanently revoked, effective immediately.

2. Respondent shall immediately cease and desist from participating in the business of insurance in Indiana.

ALL OF WHICH IS ORDERED this 6<sup>th</sup> day of January, 2011 Sun 2010.

  
\_\_\_\_\_  
Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

Distribution:

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

Shannon K. Hart  
8347 Basswood Dr., Apt. 1-B  
Indianapolis, IN 46268

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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 Shannon K. Hart ("Respondent"), a licensed Indiana resident insurance producer, to resolve all matters in the administrative action commenced by the Department. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed resident insurance producer in the State of Indiana, holding license number 673925 and,

WHEREAS, the Department commenced an investigation of Respondent after receipt of information that Respondent failed to disclose a previous felony conviction on the application for licensure submitted on October 27, 2009. Respondent has also failed to report administrative actions taken against her license in several other states; and,

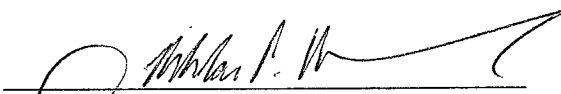
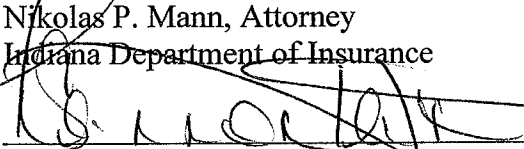
WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of an administrative hearing.

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 her right to a public hearing on this matter.
3. Respondent voluntarily and freely waives her right to petition for judicial review of this agreement and the Commissioner's Final Order.
4. Respondent agrees to the permanent revocation of her resident Indiana producer license number 673925.
5. Respondent agrees to cease and desist from doing insurance business in Indiana.
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 failure to comply with any terms of this agreement will result in the matter being set for hearing.
8. Respondent is aware this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.
9. Respondent has carefully read this agreement and fully understands and accepts its terms.

12/29/10  
Date Signed

12-29-2010  
Date Signed

  
\_\_\_\_\_  
Nikolas P. Mann, Attorney  
Indiana Department of Insurance  
  
\_\_\_\_\_  
Shannon K. Hart, Respondent

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

Before me a Notary Public for MORGAN County, State of IN,  
personally appeared Shannon K. Hart and being first duly sworn by me upon her oath, says that  
the facts alleged in the foregoing instrument are true. Signed and sealed this 29<sup>th</sup> day of  
December, 2010.

(Seal)

Bar B. Young  
Notary Signature

BARBARA B. YOUNG  
Printed

My Commission Expires: 11-20-2016

County of Residence: MORGAN

**Return executed originals 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