

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 10238-AG11-0407-057

IN THE MATTER OF:

William Waldorf
Agent / Respondent

Waldorf Risk Solutions, LLC
30 Prospect St.
Prospect, CT 06712

Type of Agency Action: Enforcement

Indiana Insurance License No.: 697681

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)
) **FILED**
)
) MAY 09 2011
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) STATE OF INDIANA
) DEPT. OF INSURANCE
)

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance (“Department”) and William Waldorf (“Respondent”), a licensed non-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 five hundred dollars (\$500.00), 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 2010 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 9th day of May, 2011.



Stephen W. Robertson, Commissioner
Indiana Department of Insurance

Distribution:

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

William Waldorf
Waldorf Risk Solutions, LLC
30 Prospect St.
Huntington, NY 11743

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
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CAUSE NUMBER: 10238-AG11-0407-057

IN THE MATTER OF:

William Waldorf)
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Waldorf Risk Solutions, LLC)
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Huntington, NY 11743)

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STATE OF INDIANA
DEPT. OF INSURANCE

AGREED ENTRY

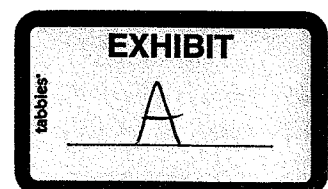
This Agreed Entry is entered into by Laura A. W. Levenhagen, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and William Waldorf ("Respondent"), a licensed Indiana non-resident insurance producer holding license number 697681, to resolve all matters in the 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 697681.

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 2010 on or before February, 2, 2011.

WHEREAS, Respondent failed to file the above referenced tax report with the correct information 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:

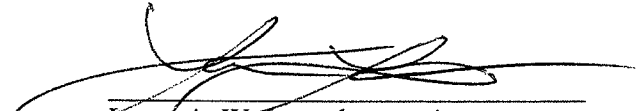
1. The Commissioner has jurisdiction over the subject matter and the Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives the right to a public hearing on this matter.
3. Respondent voluntarily and freely waives 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 five hundred dollars (\$500.00), 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 2010 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 agreement herein as full satisfaction of this matter.
8. Respondent has carefully read and examined this agreement and fully understands its terms.
9. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.

10. Should 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.

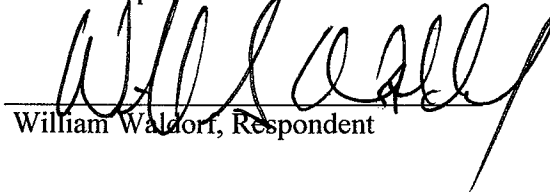
11. Respondent is aware that failure to comply with any term of this agreement will result in the matter being set for hearing.

4-28-11
Date Signed

4-21-11
Date Signed



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



William Waldorf, Respondent

STATE OF New York)
) SS:
COUNTY OF Suffolk)

Before me a Notary Public for Suffolk County, State of New York, personally appeared William Waldorf 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 21 day of April 2011.

Catherine Wrensen
Notary Signature

CATHERINE WRENSEN
Notary Name Printed

My Commission expires: _____
County of Residence: _____

CATHERINE WRENSEN
Notary Public, State of New York
No. 91-87005408
Qualified in Suffolk County
My Commission Expires 01-22-15

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