

**BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE**

**IN THE MATTER OF:**

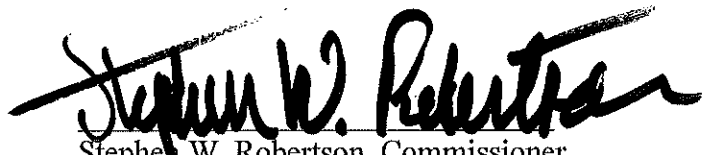
**FILED**  
JAN 24 2014  
STATE OF INDIANA  
DEPT. OF INSURANCE

## FINAL ORDER AND APPROVAL

IT IS THEREFORE ORDERED, by the Commissioner of Insurance:

1. Respondent provided incorrect and materially untrue information in a license application.
2. Respondent obtained a license through misrepresentation.
3. Respondent has been convicted of a felony.
4. Respondent used dishonest practices and demonstrated untrustworthiness in the conduct of business in Indiana.
5. Respondent's active Indiana resident producer's license, number 656906, is Permanently Revoked.

ALL OF WHICH IS ORDERED this 24<sup>th</sup> day of January, 2014.

  
Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

Distribution:

Michael F. Mullen  
**INDIANA DEPARTMENT OF INSURANCE**  
311 West Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787

Angela D. Hopper  
1777 Woodstock Drive  
Brownsburg, Indiana 46112

STATE OF INDIANA       )  
                                  ) SS:  
COUNTY OF MARION    )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE  
CAUSE NUMBER: 12466-AG13-1101-132

IN THE MATTER OF:

Angela D. Hopper                               )  
    Agent / Respondent                        )  
  )  
1777 Woodstock Drive                        )  
Brownsburg, Indiana 46112                    )  
  )  
Type of Agency Action: Enforcement        )  
  )

**FILED**  
JAN 24 2014  
STATE OF INDIANA  
DEPT. OF INSURANCE

Indiana Insurance License No.: 656906

**AGREED ENTRY**

This Agreed Entry is entered into by Michael F. Mullen, attorney for and on behalf of the Enforcement Division of the Indiana Department of Insurance (the "Department"), and Angela D. Hopper ("Respondent"), an Indiana resident insurance producer holding license number 656906, to resolve all matters under Cause Number 12466-AG13-1101-132. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner of the Indiana Department of Insurance.

WHEREAS, Respondent has held resident produce license number 656906 since August 23, 2012 ("Respondent's license"); and;

WHEREAS, on or about September 3, 2013, the Department received a complaint, alleging that Respondent initiated life insurance policies with Fidelity Life for her mother, and adult sister without their knowledge or consent and named , Respondent's boyfriend, as the beneficiary for said policies; and

WHEREAS, Respondent submitted an application for licensure on August 12, 2012; and,

WHEREAS, Respondent failed to disclose the following criminal convictions on her application for licensure:

1. A 1998 conviction of Criminal Conversion, an A Misdemeanor; and
2. A 2000 conviction of Check Deception, an A Misdemeanor; and
3. A 2000 conviction of Receiving Stolen Property, a D Felony; and

WHEREAS, the Department and Respondent (collectively, the "Parties") desire to resolve their differences and settle the issues without a hearing;

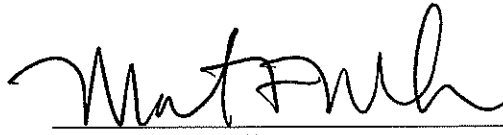
IT IS, THEREFORE, NOW AGREED by and between the Parties as follows:

1. The Commissioner has jurisdiction over the subject matter and Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the Parties.
3. Respondent voluntarily and freely waives her right to a public hearing on the issues in this action.
4. Respondent's license shall be permanently revoked, effective the date the Commissioner adopts this Agreed Entry via Final Order.
5. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.
6. 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.

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

1/21/2014

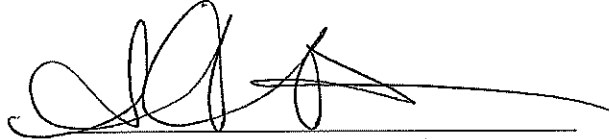
Date Signed



Michael F. Mullen, Attorney  
Indiana Department of Insurance

1-17-2014

Date Signed



Angela D. Hopper, Respondent

STATE OF INDIANA )

) SS:

COUNTY OF Hendricks )

Before me a Notary Public for Hendricks County, State of Indiana, personally appeared Angela D. Hopper 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 17<sup>th</sup> day of January, 2014.



Notary Signature

Lindy Schwartz

Notary Name Printed

My Commission expires: 3-10-15

County of Residence: Hendricks

Lindy Schwartz  
Notary Public

Seal

Hendricks County, State of Indiana  
My Commission Expires March 10, 2015  
Commission No 681690

INDIANA DEPARTMENT OF INSURANCE

Enforcement Division

311 West Washington Street, Suite 103

Indianapolis, IN 46204-2787

317/234-5888 - telephone

317/234-2103 - facsimile