| STATE OF INDIANA) SS: | BEFORE THE INDIANA |
|------------------------------------|--|
| COUNTY OF MARION) | COMMISSIONER OF INSURANCE |
| · | Cause Number: 13768-AG15-0302-035 |
| IN THE MATTER OF |) |
| Cassandra Depew |) ************************************ |
| 6529 California Ave | FILED : |
| Hammond, IN 46323 | |
| Respondent |))) JUN 24 2015 |
| | STATE OF INDIANA |
| Type of Agency Action: Enforcement | DEM. OF INSURANCE |
| Producer License #: 431545 |)) |

FINAL ORDER

The Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Brigitte R. Collier, and Cassandra Depew ("Respondent"), a licensed resident producer, signed an Agreed Entry which purports to resolve all issues involved in the above-captioned cause number, and which has been submitted to the Commissioner of the Indiana Department 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, attached, 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 as follows:

1. Respondent's Indiana Resident Producer License, number 431545, is hereby revoked for misappropriation of policyholder funds.

2. The Department agrees to accept this agreement as full resolution of this matter.

ALL OF WHICH IS ORDERED this

~ ~**~**

Stephen W. Robertson,

Commissioner

Indiana Department of Insurance

Distribution:

Brigitte R. Collier INDIANA DEPARTMENT OF INSURANCE 311 West Washington Street, Suite 103 Indianapolis, Indiana 46204-2787

Cassandra Depew 6529 California Ave Hammond, IN 46323

Certified Mail Receipt: 91 7190 0005 2720 0045 3355

| STATE OF INDIANA |)) SS: | BEFO) | RE THE INDIANA |
|---|-----------------------|--------------------------------------|-----------------------------|
| COUNTY OF MARION |) | COMN | AISSIONER OF INSURANCE |
| | <i>'</i> | Cause | Number: 13768-AG15-0302-035 |
| IN THE MATTER OF: | |) , | • |
| Cassandra Depew 6529 California Ave Hammond, IN 46323 | | the case beam areas | RECEIVED APR 27 2015 |
| Respondent. | | JUN 24 2015 | STATE OF INDIANA |
| Type of Agency Action: En | forcem e j | state of Indiana ept. of Insuranc | E INSURANCE |
| Producer's License: 43154 | 15 | ý | |

AGREED ENTRY

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Brigitte R. Collier, and Cassandra Depew ("Respondent"), to resolve all issues in the above-captioned cause number. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner of the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed Resident Insurance Producer, holding license number 431545; and

WHEREAS, on or about December 18, 2014, Respondent was terminated from State Farm Insurance Company for misappropriation of policyholder funds;

WHEREAS, the Respondent's conduct is a violation of Indiana Code § 27-1-15.6-12(b)(8), which states that an insurance producer shall not use fraudulent, coercive, or dishonest practices, or demonstrate incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in Indiana or elsewhere;

WHEREAS, the Department and Respondent (collectively, the "Parties") desire to resolve this matter without the necessity of a hearing.

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

- The Commissioner has jurisdiction over the subject matter and the Parties to this Agreed Entry.
- 2. This Agreed Entry is executed voluntarily by the Parties.
- 3. Respondent voluntarily and freely waives the right to a public hearing on the issues in this matter.
- 4. Respondent voluntarily and freely waives the right to judicial review of this matter.
- 5. Respondent agrees to the Permanent Revocation of her Resident Insurance Producer's License.
- 6. The Department agrees to accept Respondent's compliance with this agreement as full satisfaction of this matter.
- 7. Respondent has carefully read and examined this agreement and fully understands its terms.
- 8. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.
- 9. 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.

| 10. | Respondent | is | aware | that | failure | to | comply | with | any | of | the | terms | of | this |
|-----|-------------|-------|-----------|-------|----------|------|-------------|--------|------|----|-----|-------|----|------|
| | agreement w | ill : | result iı | the i | matter b | ein, | g set for a | a hear | ing. | | | | | |

Date Signed

Brigitte R. Collier, Attorney
Indiana Department of Insurance

4-22-15 Date Signed

Cassandra Depew, Respondent

| STATE OF INDIANA) |
|--|
| COUNTY OF Jake) SS: |
| \mathcal{L} |
| Before me a Notary Public for County, State of Indiana, |
| personally appeared Cassandra Depew, and being first duly sworn by me upon his oath, says that |
| the facts alleged in the foregoing instrument are true. |
| Signed and sealed this 22 day of April , 2015. |
| CAROLINA BOROWIEC, Notary Public SEAL S Lake County, State of Indiana My Commission Expires July 19, 2017 CAROLINA BOROWIEC, Notary Public Signature CAROLINA BOROWIEC, Notary Public Signature |
| My Commission expires: 19,2017 County of Residence: 40 |

CERTIFIED MAIL RECEIPT: 9214 8901 0661 5400 0052 1084 91