STATE OF INDIANA))		BEFORE THE INDIANA	
COUNTY OF MARION) SS:)		COMMISSIONER OF INSURANCE	
			CAUSE NUMBER: 13943-AG15-0414-099	
Michael Macis)		
11540 Jenyglen Dr)		
Mokena, IL 60448)		
Respondent)	APR 24 2015	
Type of Agency Action: En	ıforcement))	STATE OF INDIANA DEPT. OF INSURANCE	
License Number: 689273)		

FINAL ORDER

The Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Brigitte R. Collier, and Michael Macis ("Respondent"), a licensed nonresident insurance 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, 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 of five hundred dollars (\$500.00) within thirty (30) days after the signing of the Final Order, for his failure to disclose a 2011 Consent Order issued by the Illinois Securities Department on his application for

licensure, and for his failure to report a 2015 Consent Order issued by the Illinois Department of Insurance.

ALL OF WHICH IS ORDERED this 24

day of April 2015.

Stephen W. Robertson, Commissioner

Indiana Department of Insurance

Distribution:

Brigitte R. Collier, Attorney Indiana Department of Insurance 311 West Washington Street, Suite 103 Indianapolis, Indiana 46204-2787

Michael Macis 11540 Jenyglen Dr Mokena, IL 60448

Certified Receipt Number: 9214 8901 0661 5400 0057 0686 22

STATE OF INDIANA) SS:	BEFORE THE INDIANA
COUNTY OF MARION	COMMISSIONER OF INSURANCE
·	Cause Number: 13943-AG15-0414-09
IN THE MATTER OF:	RECEIVED
Michael Macis	
11540 Jenyglen Dr	APR 2 0 2015
Mokena, iL 60448	STATE OF INDIANA DEPT. OF INSURANCE
Respondent.	
Type of Agency Action: Enforcement	
Producer's License: 689273	APR 24 2015

AGREED ENTRY DEPT. OF INSURANCE

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Brigitte R. Collier, and Michael Macis ("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, on February 03, 2012, the Respondent submitted an application for a Nonresident Producer's license and received such license on February 09, 2012; and

WHEREAS, on said license application, the Respondent failed to disclose a November 21, 2011 Consent Order issued by the Illinois Securities Department;

WHEREAS, Respondent failed to report a March 05, 2015 Consent Order issued by the Illinois Department of Insurance;

- The Department agrees to accept Respondent's compliance with this agreement as 7. full satisfaction of this matter.
- Respondent has carefully read and examined this agreement and fully understands 8. its terms.
- 9. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.
- Should this Agreed Entry not be accepted by the Commissioner, it is agreed that 10. 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.
- Respondent is aware that failure to comply with any of the terms of this 11. agreement will result in the matter being set for a hearing.

Brigitte R. Collier, Attorney

Indiana Department of Insurance

Michael Macis, Respondent

STATE OF ILLINOIS)						
COUNTY OF Will) SS:)						
Before me a Notary Pu			County, State of Illinois,				
personally appeared Michael Macis, 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	17 th day of	April	, 2015.				
	Si	The Management	Am_				
	- <u>-</u> Pri	Matherine M nted	Orseno				
My Commission expires: 12 County of Residence: W	/28/20 /:11	15	***CFFICIAL SEAL*** KATHERINE IN ORSENO ** NOTARY PUBLIC STATE OF ILLINOIS ** NY COMPRESSION EXPIRES 12/21/2015				
			THE REAL PROPERTY OF THE PROPE				