STATE OF INDIANA)	BEFORE THE INDIANA
COUNTY OF MARION) SS:	COMMISSIONER OF INSURANCE
	Cause Number: 15551-AG16-0825-159
IN THE MATTER OF:)
Michael Skinner 11030 Santa Monica Blvd., Ste. 207 Los Angeles, CA 90025	
Respondent.	NOV 18 2016
Type of Agency Action: Enforcement	STATE OF INDIANA DEPT. OF INSURANCE
License Number: 384882)

FINAL ORDER

The Indiana Department of Insurance ("Department"), by counsel, Cathleen Nine-Altevogt, and Michael Skinner ("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 two hundred fifty dollars (\$250) within thirty (30) days after the Commissioner signs the Final Order, for failure to timely report an administrative action by the California Department of Insurance in violation of Indiana Code \$27-1-15.6-12(b)(2)(A) which penalizes violating an insurance law and Indiana Code \$27-1-15.6-17(a), an insurance law.

ALL OF WHICH IS ORDERED this 18 day of November, 2016.

Stept en W. Robertson, Commissioner

Indiana Department of Insurance

Distribution:

Cathleen Nine-Altevogt
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 103
Indianapolis, Indiana 46204-2787

Michael Skinner 11030 Santa Monica Blvd. 207 Los Angeles, CA 90025

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AGREED ENTRY

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Cathleen Nine-Altevogt, and Michael Skinner ("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 ("Commissioner").

WHEREAS, Respondent holds a property and casualty nonresident producer license number 384882, issued on February 16, 2000, and a surplus lines producer license number 1102380, issued on June 29, 2015;

WHEREAS, Respondent untimely reported the issuance of a December 28, 2015 Consent Order by the California Department of Insurance imposing a monetary penalty against Respondent for transacting business in that state without proper licensure;

WHEREAS, the Respondent's actions are in violation of Indiana Code §27-1-15.6-12(b)(2)(A) which sanctions violating an insurance law. Indiana Code §27-1-15.6-17(a), is an

insurance law stating that a producer shall report to the Commissioner any administrative action taken against the producer in another jurisdiction or by another governmental agency in Indiana, not more than thirty (30) days after the final disposition of the matter;

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 shall pay an administrative fine in the amount of two hundred fifty dollars (\$250) within thirty (30) days after the Commissioner signs the Final Order adopting this Agreed Entry.
- 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 will result in the matter being set for a hearing.

N-16-16 Date Signed	Cathleen Nine-Altevogt, Attorney (32706-49) Indiana Department of Insurance	
11/3/16 Date Signed	Michael Skinner, Respondent	
STATE OF CALIFORNIA COUNTY OF LOS ANGELES)) SS: .)	
Before me a Notary P	ublic for LOS ANGELES County, State of	
CAUFORNIA, personally appeared Michael Skinner 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 3Re	day of NOVEMBER, 2016.	

My Commission expires: JANUARY 28, 2019 County of Residence: LOS Angelis

Printed

Signature

Michael G. Skinner



County of Residence: Los Angelis

* See attached

notany certificate...

CALIFORNIA JURAT WITH AFFIANT STAT	
⊠ See Attached Document (Notary to cross out ☐ See Statement Below (Lines 1–6 to be compl	lines 1-6 below)
2	
3	
8	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificate is attached, and no	ficate verifies only the identity of the individual who signed the ot the truthfulness, accuracy, or validity of that document.
State of California County of LOS ANGELES	Subscribed and sworn to (or affirmed) before me on this $\frac{3f^d}{Date}$ day of $\frac{NOVerWBER}{Month}$, 20 16, by $\frac{Date}{MichAef}$ Skiuwer.
DAWN VISCARRA Commission # 2095396 Notary Public - California Los Angeles County My Comm. Expires Jan 28, 2019	(and (2)), Name(s) of Signer(s)
	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	Signature
	Signature of Notary Public
Seal Place Notary Seal Above	
Though this section is optional, completing the	OPTIONAL his information can deter alteration of the document or this form to an unintended document.
Description of Attached Document	
Title or Type of Document: Agreed En-	Document Date: [1] 3[16

Signer(s) Other Than Named Above:

Number of Pages: 3