

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

Cause Number: 15560-AG16-0825-160

IN THE MATTER OF:)
)
Graham Group West, Inc.)
11030 Santa Monica Blvd., 207)
Los Angeles, CA 90036)
)
Respondent.)
)
Type of Agency Action: Enforcement)
)
Producer License No.: 3134277)

FILED

DEC 08 2016

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER

The Indiana Department of Insurance ("Department") by counsel, Cathleen Nine-Altevogt, and Graham Group West, Inc. ("Respondent"), signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's nonresident producer license application, and which has been submitted to the Commissioner 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 a fine in the amount of two hundred fifty dollars (\$250), payable within thirty days (30) from the date of this Final Order for providing incorrect, misleading, incomplete, or materially untrue information in a license application in violation of Indiana Code § 27-1-15.6-12(b)(1).

ALL OF WHICH IS ORDERED this 8 day of December, 2016.


Stephen 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
Graham Group West, Inc.
11030 Santa Monica Blvd., 207
Los Angeles, CA 90025

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STATE OF INDIANA
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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 Graham Group West, Inc. ("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, on January 19, 2016, the Respondent submitted an application for a nonresident producer license;

WHEREAS, on said license application, the Respondent failed to disclose a December 28, 2015 administrative action issued by the California Department of Insurance for engaging in the business of insurance without a license;

WHEREAS, the Respondent's conduct is a violation of Indiana Code § 27-1-15.6-12(b)(1), which states that an Respondent shall not provide incorrect, misleading, incomplete, or materially untrue information in a license application;

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:

1. 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.

12/8/16
Date Signed

Cathleen Nine-Altevogt
Cathleen Nine-Altevogt, Attorney (32706-49)
Indiana Department of Insurance

11/3/16
Date Signed

Michael Skinner
Michael Skinner, Owner
Graham Group West, Inc., Respondent

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) SS:

Before me a Notary Public for LOS ANGELES County, State of CALIFORNIA, personally appeared Michael Skinner, owner of Graham Group West, Inc., 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 3rd day of NOVEMBER, 2016.

Michael Skinner
Signature

Michael G. Skinner
Printed

My Commission expires: January 28, 2019

County of Residence: Los Angeles



* See attached
notary certificate...

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1
2
3
4
5
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Signature of Document Signer No. 1

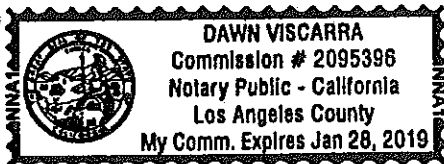
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not 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 3rd day of November, 2016,
by Michael Skinner
Date Month Year(1) Michael Skinner(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]
Signature of Notary PublicSeal
Place Notary Seal Above**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Agreed Entry Document Date: 11/3/16Number of Pages: 3 Signer(s) Other Than Named Above: _____