STATE OF INDIANA))SS:		BEFORE THE INDIANA COMMISSIONER OF INSURANCE
COUNTY OF MARION)	* *	CAUSE NO.: 15769-AG16-1123-198
IN THE MATTER OF:)
Clory R. Green Respondent		(4)	FILED DEC 0 8 2016
2801 Walnut Hill St Apt 4D)
Philadelphia, PA 19152		ε.) STATE OF INDIANA DEPT. OF INSURANCE
License Number: 3104823)
w)
Type of Action: Enforceme	nt)

FINDINGS OF FACT AND SUSPENSION ORDER

WHEREAS, Clory R. Green ("Respondent") is a nonresident insurance producer under license # 3104823.

WHEREAS, Indiana Code § 27-1-15.6-8(f) states that a nonresident producer who receives a nonresident producer license shall maintain licensure in good standing in the nonresident producer's home state;

WHEREAS, Indiana Code § 27-1-15.6-8(b) states that the Commissioner of the Indiana Department of Insurance ("Commissioner") may verify a producer's licensing status through the Producer Database maintained by the National Association of Insurance Commissioners ("NAIC") and its affiliates or subsidiaries;

WHEREAS, on November 23, 2016, the Commissioner verified through the Producer Database maintained by the NAIC that Respondent's producer's license in her home state of Pennsylvania became inactive on June 30, 2016, and is no longer in effect as required under Indiana Code § 27-1-15.6-8(f);

WHEREAS, Indiana Code § 27-1-15.6-8(g) provides that the Commissioner may, without a hearing and in his sole discretion, suspend any Indiana insurance producer license held by the nonresident producer until the Commissioner receives notice from the nonresident producer's home state that the home state license is in effect.

IT IS THEREFORE ORDERED BY THE COMMISSIONER that Respondent's license # 3104823 is hereby suspended, effective immediately, and will remain suspended until the Commissioner receives notice from Respondent's home state that her home state license is in effect.

ALL OF WHICH IS ORDERED the

__ day o

. 2016.

Stephen W. Robertson, Commissioner Indiana Department of Insurance

Distribution to:

Clory R. Green 2801 Walnut Hill St Apt 4D Philadelphia, PA 19152

Calla Dain, Insurance Investigator Indiana Department of Insurance 311 West Washington St. #103 Indianapolis, IN 46204-2787

Certified Mail Receipt Number:

CERTIFIED MAIL TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT OUTED LINE. CERTIFIED MAIL. CERTIFIED MAIL. CONTRACTION OF ENVELOPE TO THE RIGHT. CHARACTER AND OF ENVELOPE TO THE RIGHT. CONTRACTION OF ENVELOPE TO THE RIGHT.	36 646 36 646	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com. OFFICIAL USE			
		Postage	\$		
		Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here	
	31.1	(Endorsement Required)	\$		
	002	Street, Apt. No.; Z801 Walnut St. USt. Ad. 4D. City, State, 2174-2 Philadelphia, PA 19152. PS Form 3500, June 2002.			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X		
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver		
1. Article Addressed to: Clony R. Green 2801 Walnut Hillst.	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
2801 Walnut Hillst			
Philadelphia, PA 19152	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
	7D 0002 4438 8484		
PS Form 3811, February 2004 Domestic Re	turn Recelpt 102595-02-M-154		