

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

Cause Number: 15900-AG17-0207-048

IN THE MATTER OF )  
 )  
Heidi Quinn )  
549 Arbor Drive )  
Carmel, IN 46032 )  
Respondent )  
 )  
Type of Agency Action: Enforcement )  
 )  
Resident Producer License #: 411108 )

**FILED**

MAR 17 2017

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER**

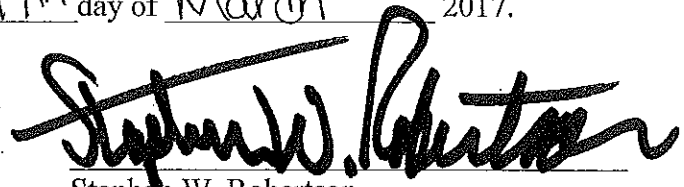
The Enforcement Division of the Indiana Department of Insurance (“Department”), by counsel, Cathleen Nine-Altevogt, and Heidi Quinn (“Respondent”), a licensed resident insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the above-captioned cause number, and which has been submitted to the Commissioner of the Indiana Department of Insurance ( “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. Respondents' license will be placed on probation for a period of two (2) years during which time any violations of Title 27 will result in the Department seeking immediate revocation of Respondent's license.
2. Respondent shall notify the Department if she is no longer in compliance with the payment plan determined by the State of Indiana Department of Workforce Development and she has fifteen (15) days to resume the payment plan or surrender her insurance producer license to the Department until she has resumed the payment plan.
3. The Department agrees to accept this agreement as full resolution of this matter.

ALL OF WHICH IS ORDERED this 17<sup>th</sup> day of March 2017.



Stephen W. Robertson,  
Commissioner  
Indiana Department of Insurance

Distribution:

Melissa Higgins, Investigator  
**INDIANA DEPARTMENT OF INSURANCE**  
311 West Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787

Heidi Quinn  
549 Arbor Drive  
Carmel, IN 46032

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STATE OF INDIANA  
DEPT. OF INSURANCE

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 Heidi Quinn ("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 May 24, 2011, Respondent obtained an Indiana resident producer's license under number 411108;

WHEREAS, Respondent failed to disclose an administrative action taken by The State of Indiana Department of Workforce Development within thirty (30) days after the final disposition of the matter;

WHEREAS, Indiana Code §27-1-15.6-17(a) states the producers 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. The report shall include a copy of the order, consent order, or other relevant legal documentations;

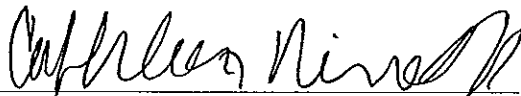
WHEREAS, the Department and Respondent (collectively, the "Parties") desire to resolve this matter without the necessity of a hearing,

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. Respondents' license will be placed on probation for a period of two (2) years during which time any violations of Title 27 will result in the Department seeking immediate revocation of Respondent's license,
6. Respondent shall notify the Department if she is no longer in compliance with the payment plan determined by the State of Indiana Department of Workforce Development ("DWD payment plan).
7. Respondent agrees that she has fifteen (15) days to resume the DWD payment plan or she will surrender her license to the Department until she has resumed the payment plan.
8. Should additional violations manifest, this revocation shall be in addition to any administrative actions for the new violation.

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.
8. 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.

3-13-17  
Date Signed

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

3/7/17  
Date Signed

  
Heidi Quinn, Respondent

STATE OF INDIANA )  
 ) SS:  
COUNTY OF Hamilton )

Before me a Notary Public for Hamilton County, State of Indiana, personally appeared Heidi Quinn and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 7<sup>TH</sup> day of March, 2017.

Karl F. Wacker III  
Signature

Karl F. Wacker III  
Printed

My Commission expires: May 18, 2023

County of Residence: Hamilton

