

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 16473-AG17-1025-202

IN THE MATTER OF: )  
 )  
Cindy Cedeno )  
2000 NW 171<sup>st</sup> St. )  
Miami Gardens, FL 33056 )  
 )  
License Number: 3130570 )  
 )  
Respondent )  
 )  
Type of Agency Action: Enforcement )

**FILED**

JAN 12 2018

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER**

The Indiana Department of Insurance (“Department”), by its counsel, Claire Szpara, and Cindy Cedeno (“Respondent”), a nonresident insurance producer licensed to do business in Indiana, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent’s license, and which has been submitted to the Commissioner of Insurance (“Commissioner”) for approval.

The Commissioner, after reviewing the Agreed Entry, which imposes a five hundred dollar (\$500) administrative penalty and a one (1) year license suspension for falsely identifying as an Indiana employee and failing to provide information about coverage in an effective manner, 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 penalty in the amount of five hundred dollars (\$500), due within thirty (30) days after the signing of this Final Order for violation of Indiana Code § 27-1-15.6-12(b)(8), due to misrepresenting herself as an employee of the State of Indiana or the Indiana Department of Insurance, her evasiveness in identifying the insurance carrier for the product she was selling and her contradictions concerning the pricing of certain coverage.
2. Respondent's Indiana insurance nonresident producer license, number 330570, shall be suspended for one (1) year, effective on the date of the Commissioner's Final Order in this matter.

ALL OF WHICH IS ORDERED this 12 day of January 8, 2018.



Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

Distribution:

Claire Szpara  
INDIANA DEPARTMENT OF INSURANCE  
311 West Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787

Cindy Cedeno  
2000 NW 171<sup>st</sup> St.  
Miami Gardens, FL 33056

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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, Claire Szpara, and Cindy Cedeno (“Respondent”), a nonresident insurance producer licensed to do business in Indiana, to resolve all issues in the above captioned matter. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner for the Indiana Department of Insurance (“Commissioner”).

WHEREAS, Respondent is a licensed Indiana nonresident insurance producer, holding license number 3130570;

WHEREAS, the Department received a complaint regarding the manner in which Respondent identified herself and described coverage during a telephone health insurance sales call;

WHEREAS, Respondent repeatedly identified herself as an employee of the State of Indiana or the Indiana Department of Insurance during her sales presentation, when she has no affiliation with the State of Indiana or the Indiana Department of Insurance;

WHEREAS, Respondent was deceptive concerning the cost of the policy she was trying to sell, at one point saying that dental and prescription coverage were included in the monthly premium and later listing separate prices for these coverages;

WHEREAS, Respondent was evasive as to the identity of the insurance carrier backing the plan, initially referring to the carrier as "MultiPlan PPO," and later, after repeatedly being asked the identity of the carrier, she correctly identified the carrier as Federal Insurance Company.

WHEREAS, Indiana Code § 27-1-15.6-12(b)(8) states the Commissioner may levy a civil penalty, suspend an insurance producer's license or take any combination of these actions, against a producer for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in Indiana or elsewhere;

WHEREAS, Respondent's actions in falsely identifying herself as an Indiana employee and failing to provide coverage to the Complainant in an accurate and timely manner is in violation of Indiana Code § 27-1-15.6-12(b)(8); and

WHEREAS, the Department and Respondent (collectively, the "Parties") desire to resolve their differences and settle the issues without the necessity of an administrative hearing.

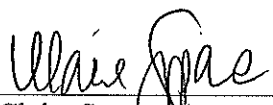
IT IS THEREFORE NOW AGREED by and between the Parties as follows:

1. The Commissioner has jurisdiction over the subject matter and the Parties in this Agreed Entry.
2. This Agreed Entry is executed voluntarily by the Parties.
3. Respondent voluntarily and freely waives her right to a public hearing on this matter.

4. Respondent agrees to pay an administrative penalty in the amount of five hundred dollars (\$500) to the Department within thirty (30) days of the Commissioner's Final Order adopting this Agreed Entry.
5. Respondent's Indiana nonresident insurance producer license, number 3130570, shall be suspended for one (1) year, effective on the date of the Commissioner's Final Order in this matter.
6. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry herein as full satisfaction of this matter.
7. Respondent has carefully read and examined this Agreed Entry and fully understands its terms.
8. Respondent has entered into this Agreed Entry 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 term of this agreement will result in the matter being set for hearing.

1-8-17  
Date Signed

1/4/17  
Date Signed

  
\_\_\_\_\_  
Claire Szpara, Attorney # 34219-64  
Indiana Department of Insurance

  
\_\_\_\_\_  
Cindy Cedeno, Respondent

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF DADE )

Before me a Notary Public for DADE County, State of Florida, personally appeared Cindy Cedeno being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

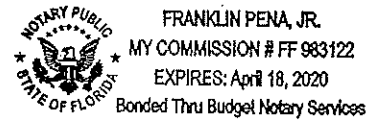
Signed and sealed this 4 day of JANUARY, 2017.

  
\_\_\_\_\_  
Signature

FRANKLIN PENA  
\_\_\_\_\_  
Printed

My Commission expires: 04/18/2020

County of Residence: DADE



**Return executed originals to:**  
INDIANA DEPARTMENT OF INSURANCE  
Enforcement Division, Suite 103  
311 West Washington Street  
Indianapolis, IN 46204-2787  
317/233-4243 - telephone  
317/232-5251 - facsimile