

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NO.: 17680-AG18-1119-167

IN THE MATTER OF: )  
 )  
Robert Colaianni )  
5207 Southminster Rd. )  
Columbus, OH 43221 )  
 )  
Respondent. )  
 )  
Producer License No.: 936854 )  
 )  
Type of Agency Action: Enforcement )

**FILED**

DEC 07 2018

STATE OF INDIANA  
DEPT. OF INSURANCE

**ADMINISTRATIVE ORDER**  
**NOTICE OF NONRENEWAL OF LICENSE**

The Indiana Department of Insurance (“Department”), pursuant to the Indiana Administrative Orders and Procedures Act, Indiana Code § 4-21.5-1 *et seq.*, and Indiana Code § 27-1-15.6-12, hereby gives notice to Robert Colaianni (“Respondent”) of the following Administrative Order:

1. Respondent is a licensed resident insurance producer holding license number 936854.
2. Respondent’s license expired on May 31, 2018.
3. On October 1, 2018, the Chesapeake Life Insurance Company, DBA SureBridge (“Complainant”) submitted a termination of the Respondent for cause, specifically for filing falsified applications for insurance with the company.
4. Pursuant to Indiana Code § 27-1-15.6-12(b)(8), the Commissioner may refuse to renew an insurance producer’s license for using fraudulent, coercive, or dishonest practices, or

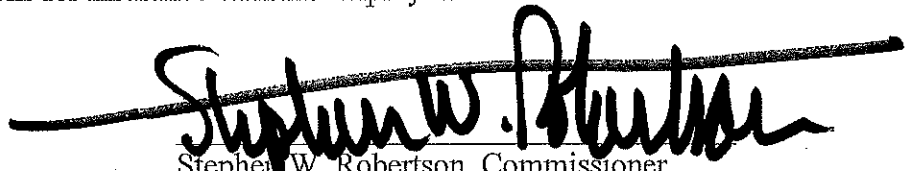
demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in Indiana or elsewhere.

5. Indiana Code § 27-1-15.6-12(d) requires the Commissioner to notify a licensee of the reason for the nonrenewal of his license. This Order serves as that notice.

6. The Commissioner further notifies Respondent that, pursuant to Indiana Code § 27-1-15.6-12(d), Respondent may, within sixty-three (63) days of the mailing of this Order, make a written demand upon the Commissioner for a hearing to determine the reasonableness of this action. Such a hearing shall be held within thirty (30) days from the date of receipt of Respondent's written demand.

WHEREFORE, based on the foregoing, the Commissioner of Insurance hereby notifies Respondent that **his license shall not be renewed** for having been terminated for cause by his employer for filing fictitious applications for insurance with his employer.

12-7-2018  
Date Signed

  
Stephen W. Robertson, Commissioner  
Indiana Department of Insurance

Distribution List:

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