

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 22030-AG23-0530-069

Michael Sampson )  
1115 Kohana Dr )  
Clarksboro, NJ 08020 )  
 )  
Respondent. )  
 )  
Type of Agency Action: Enforcement )  
 )  
License #: 3724578 )

**FILED**  
**AUG 24 2023**  
STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER**

The Enforcement Division of the Indiana Department of Insurance (“Department”), by counsel, Samantha Aldridge, and Michael Sampson (“Respondent”), a nonresident 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, which permanently revokes Respondent’s nonresident producer license for failing to disclose a 2008 conviction for Aggravated Assault, a Felony, in the State of New Jersey, failing to timely report a 2021 denial by the Florida Office of Insurance Regulation, and a failing to timely report a 2022 revocation by the Louisiana Department of Insurance 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 as follows:

1. Respondent's nonresident producer license, number 3724578, is hereby permanently revoked, effective the date of this Final Order, along with all authority Respondent has to conduct insurance business in the State of Indiana.
2. Respondent shall not reapply for licensure.

8/29/23  
Dated

Amy L. Beard  
Amy L. Beard, Commissioner  
Indiana Department of Insurance

Distribution:

Samantha Aldridge  
ATTN: Sara Tolliver, Investigator  
INDIANA DEPARTMENT OF INSURANCE  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

Michael Sampson  
1115 Kohana Dr  
Clarksboro, NJ 08020

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IN THE MATTER OF: )  
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**AUG 24 2023**  
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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, Samantha Aldridge, and Michael Sampson (“Respondent”), to resolve all issues in the above-captioned cause number. This Agreed Entry is subject to the review and approval of Amy L. Beard, Commissioner of the Indiana Department of Insurance (“Commissioner”).

WHEREAS, Respondent is a licensed nonresident insurance producer, holding license number 3724578;

WHEREAS, on September 16, 2021, Respondent submitted an application for nonresident producer licensure;

WHEREAS, on said application, Respondent failed to disclose a June 10, 2008 conviction for Aggravated Assault, a 4<sup>th</sup> Degree Felony, in the State of New Jersey;

WHEREAS, Respondent failed to timely report a license denial issued by the Florida Office of Insurance Regulation issued on November 15, 2021;

WHEREAS, Respondent has failed to timely report a license revocation by the Louisiana Department of Insurance issued on October 24, 2022;

WHEREAS, Indiana Code § 27-1-15.6-12(b)(1), states in part, that the Commissioner may permanently revoke an insurance producer's license for providing incorrect, misleading, incomplete, or materially untrue information in a license application;

WHEREAS, Indiana Code § 27-1-15.6-12(b)(6), which states in part, that the Commissioner may permanently revoke an insurance producers license for having been convicted of a felony;

WHEREAS, Indiana Code § 27-1-15.6-12(b)(9), which states in part, that the Commissioner may permanently revoke an insurance producers license for having an insurance producer license, or its equivalent, denied, suspended, or revoked in any other state, province, district, or territory;

WHEREAS, Indiana Code § 27-1-15.6-12(b)(2)(A), which states in part, that the Commissioner may permanently revoke an insurance producers license for violating an insurance law;

WHEREAS, Indiana Code § 27-1-15.6-17(a), is an insurance law that states, in part, that a producer 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; and

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. In order to avoid formal litigation in this matter, Respondent has determined that it is in his best interests to enter into this Agreed Entry. As such, Respondent acknowledges that he executes this Agreed Entry with full realization of its contents and effects.
3. This Agreed Entry is executed knowingly, voluntarily, and freely by the Parties. The Parties agree that the terms of this Agreed Entry constitute final resolution of this matter.
4. Respondent knowingly, voluntarily, and freely waives the right to a public hearing on this matter, including the right to appear in person before the Commissioner, present evidence, cross-examine witnesses, and present arguments.
5. Respondent knowingly, voluntarily, and freely waives the right to judicial review of this matter or otherwise appeal or challenge the validity of this Agreed Entry.
6. Respondent knowingly, voluntarily, and freely waives, releases, and forever discharges all claims or challenges, known or unknown, against the Department, its Commissioner, employees, agents, and representatives, in their individual and official capacities, that arise out of or are related to the Agreed Entry or Final Order, including but not limited to any act or omission as part of the underlying audit, investigation, negotiation, or approval process.
7. Respondent's Indiana nonresident producer license shall be permanently revoked along with all authority Respondent has to conduct insurance business in the State

of Indiana, effective immediately upon the Commissioner's Final Order adopting this agreed entry and Respondent shall not reapply for licensure.

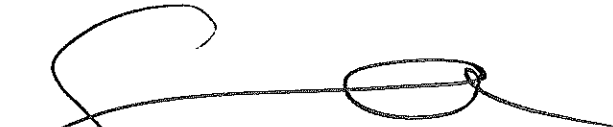
8. Respondent has had the opportunity to have this Agreed Entry reviewed by legal counsel of his choosing, at his own expense, and is aware of the benefits gained and obligations incurred by the execution of this Agreed Entry. Respondent understands and agrees that the Department cannot give legal advice.
9. Respondent has entered into this Agreed Entry knowingly, voluntarily, and freely, and has not been subject to duress, coercion, threat, or undue influence.
10. This Agreed Entry constitutes the entire agreement between the Parties, and no other promises or agreements, express or implied, have been made by the Department or by any employee, director, agent, or other representative thereof to induce Respondent to enter this Agreed Entry.
11. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full satisfaction of this matter, and warrants and represents that so long as Respondent complies with the terms of this Agreed Entry, the Department will not bring any further action against Respondent based on the facts that gave rise to this Agreed Entry.
12. In the event the Department finds there has been a breach of any of the provisions of this Agreed Entry, the Department may reopen this matter and pursue alternative action pursuant to Indiana Code § 27-1-15.6-12.
13. Respondent waives any applicable statute of limitations for purposes of any enforcement of the terms and conditions of this Agreed Entry.

14. Respondent acknowledges that this Agreed Entry may be admitted into evidence in any judicial or administrative proceeding against Respondent to enforce the terms and conditions contained herein.
15. Respondent understands that this Agreed Entry resolves only the matter pending with the Department and does not affect any criminal prosecution or civil litigation that may be pending or hereinafter commence against Respondent.
16. This Agreed Entry does not in any way affect the Department's authority in future audits, investigations, examinations, negotiations, or other complaints involving Respondent.
17. It is expressly understood that this Agreed Entry is subject to the Commissioner's acceptance and has no force or effect until such acceptance is evidenced by the entry of a Final Order by the Commissioner.
18. 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 or Respondent from further participation in or resolution of these proceedings.
19. If this Agreed Entry is accepted by the Commissioner, it will become part of Respondent's permanent record and may be considered in future actions brought by the Department or any other regulator against Respondent. It is further understood that, if accepted by the Commissioner, this Agreed Entry and resulting Final Order are public records pursuant to Indiana Code § 4-21.5-3-32 that may not be sealed or otherwise withheld from the public and may be reported to the National

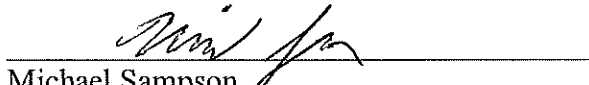
Association of Insurance Commissioners and published on the Department's website as required.

20. Respondent acknowledges that this is an Administrative Action Respondent may be required to report to other jurisdictions in which Respondent is licensed and on future licensing applications.

8/8/2023  
Date Signed

  
Samantha Aldridge, Attorney #35162-49  
Indiana Department of Insurance

8/3/23  
Date Signed

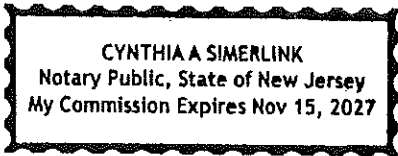
  
Michael Sampson  
Respondent



STATE OF NEW JERSEY            )  
  ) SS:  
COUNTY OF Gloucester        )

Before me a Notary Public for Gloucester County, State of New Jersey personally appeared Michael Sampson and being first duly sworn by me upon Michael Sampson's oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 3<sup>rd</sup> day of August, 2023.



Cynthia A. Simerlink  
Signature

Cynthia A. Simerlink  
Printed

My Commission expires: 11/15/2027

County of Residence: Camden

**Return executed originals to:**  
INDIANA DEPARTMENT OF INSURANCE  
Enforcement Division  
311 West Washington Street, Suite 103  
Indianapolis, IN 46204 2787  
317/234 5883 telephone