

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

BEFORE THE INDIANA
COMMISSIONER OF INSURANCE

CAUSE NO.: 24725-AG25-1126-115

IN THE MATTER OF:

Laura A. Brown
4185 E Birch Way
North Vernon, IN 47265

Applicant.

Type of Agency Action: Enforcement

Application Number: 1277849

FILED

JAN 05 2025

STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER

The Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Joseph Bossinger, and Laura A. Brown ("Applicant"), a resident producer applicant, 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 Insurance ("Commissioner") for approval.

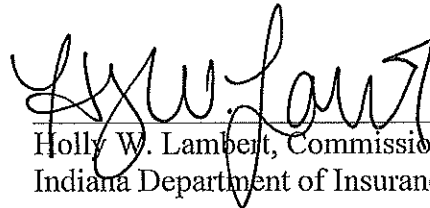
The Commissioner, after reviewing the Agreed Entry, which reactivates Applicant's license number 401969, levies a five hundred dollar (\$500) civil penalty, imposes probation upon Applicant for a period of one (1) year due Applicant's failure to disclose an administrative action in an application and for failure to timely notify the Department of the administrative action taken against Applicant, 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. Applicant shall pay a civil penalty in the amount of five hundred dollars (\$500) to the Department within thirty (30) days of the date of this Final Order. Failure to timely pay the civil penalty may result in other administrative action against Applicant..
2. Applicant's license number 401969 shall be reactivated contingent upon Applicant timely paying the civil penalty.
3. Applicant shall be placed on probation for a period of one (1) year beginning the date of this Final Order. During the probationary period, Applicant shall submit a current list of appointments to the Department every six (6) months from the date of this Final Order via email at: Enforcement@idoi.in.gov.
4. During the probationary period, any violations of Title 27 of the Indiana Code will result in the Department seeking immediate revocation of Applicant's license.

1-5-26

Date Signed


Holly W. Lambert, Commissioner
Indiana Department of Insurance

Distribution:

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