

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

BEFORE THE INDIANA  
COMMISSIONER OF INSURANCE

CAUSE NUMBER: 9384-AG10-0831-135

IN THE MATTER OF:

Owen Costanza )  
Agent / Respondent )  
 )  
199 Edson Street )  
Poplar Grove, IL 61065 )  
 )  
Type of Agency Action: Enforcement )  
 )  
Indiana Insurance License No.: 425943 )

**FILED**

SEP 21 2010

STATE OF INDIANA  
DEPT. OF INSURANCE

**FINAL ORDER AND APPROVAL**

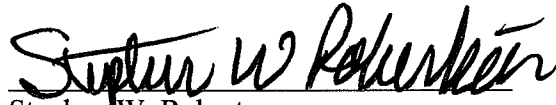
The Indiana Department of Insurance (“Department”) and Owen Costanza (“Respondent”), a licensed resident Indiana Insurance Producer, signed an Agreed Entry which purports to resolve all issues involved in the above captioned action, and which has been submitted to the Acting Commissioner of Insurance (the “Commissioner”) for approval. (See Exhibit ‘A’ attached hereto)

The Acting 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 Acting 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 Acting Commissioner of Insurance:

1. Respondent shall pay a fifteen hundred dollar (\$1,500.00) civil penalty to the Indiana Department of Insurance within thirty (30) day from the date this order is filed.

ALL OF WHICH IS ORDERED this 21<sup>st</sup> day of September 2010.



Stephen W. Robertson  
Acting Commissioner/Executive Director  
Indiana Department of Insurance

Distribution:

Laura A. Levenhagen  
**INDIANA DEPARTMENT OF INSURANCE**  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

Owen Costanza  
199 Edson St.  
Poplar Grove, IL 61065

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DEPT. OF INSURANCE

**AGREED ENTRY**

This Agreed Entry is executed between the State of Indiana, Department of Insurance (“Department”) through Counsel Laura A. W. Levenhagen, and Owen Costanza (“Respondent”), a licensed non-resident insurance agent. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Executive Director and Acting Commissioner, Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer in Indiana, holding license number 425943.

WHEREFORE, on May 21, 2010 Respondent applied for, and was granted, an Indiana non-resident producer license;

WHEREAS, when asked on the application “[h]ave you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?” Respondent indicated “NO”, which was false;

WHEREAS, when asked on the application “[h]ave you ever been named as a party in an

administrative proceeding regarding any professional or occupational license or registration?"

Respondent indicated "NO", which was false;

WHEREAS, when asked on the application "[h]ave you... ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?" Respondent indicated "NO", which was false.

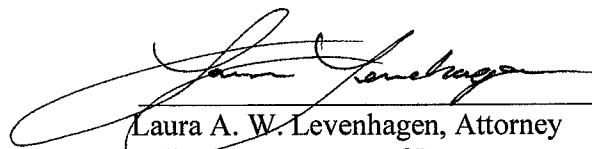
IT IS THEREFORE, NOW AGREED by and between the parties as follows:

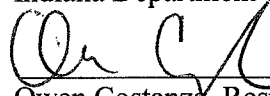
1. The Commissioner has jurisdiction over the subject matter of, and the parties to, this Agreed Entry.
2. This Agreed Entry is executed voluntarily by the parties without the presence of any duress, coercion, or undue influence.
3. Respondent voluntarily and freely waives his right to a public hearing on the issues in the above captioned matter.
4. Respondent voluntarily and freely waives his right to petition for judicial review of this agreement and the Commissioner's Final Order.
5. Respondent acknowledges that his Indiana non-resident producer license was granted through misrepresentation.
6. Respondent agrees that his actions have made him subject to penalties under Indiana Code § 27-1-15.6.12(b)(3), including, but not limited to, probation, suspension, or revocation of Respondent's Indiana non-resident insurance license, and fines.
7. Respondent agrees to pay a fifteen hundred dollar (\$1,500.00) civil penalty, which shall be payable within thirty (30) days from the date the Commissioner files a Final Order in the above captioned matter.
8. The Department agrees to accept Respondent's compliance with the terms of this agreement as full resolution of this matter.

9. Respondent has carefully read and examined this agreement and fully understands its terms.
10. Respondent is aware that failure to comply with any term of this agreement will result in the matter being set for hearing.
11. Respondent understands that this agreement will result in a state action against his Indiana non-resident license, and Respondent may be required to report that action to other states where he holds professional licenses.

9/15/10  
Date Signed

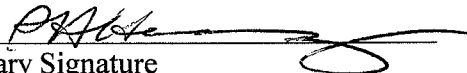
9/10/10  
Date Signed

  
\_\_\_\_\_  
Laura A. W. Levenhagen, Attorney  
Indiana Department of Insurance

  
\_\_\_\_\_  
Owen Costanza, Respondent

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me a Notary Public for BOONE County, State of ILLINOIS, personally appeared Owen Costanza and being first duly sworn by me upon his oath, states that the facts alleged in the foregoing instrument are true. Signed and sealed this 10 day of SEPTEMBER, 2010.

  
Notary Signature

PA HARVEY  
Notary Name Printed

My Commission expires: 9.14.10

County of Residence: BOONE

INDIANA DEPARTMENT OF INSURANCE  
Enforcement Division  
Suite 300  
311 West Washington Street  
Indianapolis, IN 46204-2787  
317/233-4243 - telephone  
317/232-5251 - facsimile