# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL DISTRICT BOONE COUNTY, ILLINOIS

| RMS INSURANCE SERVICES, INC., an Illinois corporation d/b/a FLANDERS INSURANCE AGENCY, INC., and OWEN G. COSTANZA, an individual,                     | ) ) ) |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-----------|
| Plaintiffs,                                                                                                                                           | )     |          |           |
| VS.                                                                                                                                                   | )     | CASE NO. | 2021-L-30 |
| DONALD G. SATTLER, an individual, MARION THORNBERRY, an individual, ELISABETH M. RODGERS, an individual, and and CHERYL RUSSELL-SMITH, an individual, | ) ) ) |          |           |
| Defendants.                                                                                                                                           | )     |          |           |

DEFENDANT'S, DONALD G. SATTLER, MARION
THORNBERRY, and ELISABETH M. RODGERS,
735 ILCS 5/2-615 MOTION TO DISMISS COUNTS
X, XI, XII, XIV, XV, XVI AND XVII OF THE COMPLAINT
DEFAMATION AND BUSINESS DEFAMATION
UNDER ILLINOIS COMMON LAW

NOW COME the Defendants, DONALD G. SATTLER, MARION THORNBERRY, and ELISABETH M. RODGERS, by their attorney, TRENT M. FERGUSON, and for their 735 ILCS 5/2-615 Motion to Dismiss Counts X, XI, XII, XIV, XV, XVI and XVII of the Complaint, filed herein against the Plaintiffs, RMS INSURANCE SERVICES, INC., an Illinois corporation d/b/a FLANDERS INSURANCE AGENCY, INC., and OWEN G. COSTANZA, an individual, state as follows:

- That falsity is an element of the plaintiff's defamation claim. Voyles v. Sandia Mortg. Corp., 196 Ill. 2d 288, 299 (2001), citing Krasinski v. United Parcel Service, Inc., 124 Ill. 2d 483, 490 (1988)
- 2. That to recover on a claim of defamation, plaintiff must prove that the statement or publication was false. *Id.*, citing *Troman v. Wood*, 62 Ill. 2d 184, 198 (1975); *Wynne v. Loyola University*, 318 Ill. App. 3d 443, 451 (1st Dist. 2000); *Vickers v. Abbott Laboratories*, 308 Ill. App. 3d 393, 400 (1st Dist. 1999)
- 3. That the Plaintiff, OWEN G. COSTANZA, cannot, however, establish that the Defendants', DONALD G. SATTLER, MARION THORNBERRY, and ELISABETH M. RODGERS, statements were false. The statements in the Flyer, including that statements that the Plaintiff is a "repeat criminal" and has a "criminal record" were accurate: the Plaintiff plead guilty to filing a false police report, the Plaintiff plead guilty to writing a bad check, the Plaintiff plead guilty to drunk driving.
- 4. That the allegations in the flyer are each set forth herein, as well as a description of the factual basis for each allegation:
- A. Allegation #1: "1995 Pleads Guilty to Filing a False Police Report in Boone County." Court records indicated that in Boone County Case Number 1995-CM-170 the Plaintiff, OWEN G. COSTANZA, pled guilty to a "False Report of Offense" and was sentenced to a fine and public service. The Court later entered a "withhold judgment/court supervision" disposition for the case. Attached hereto as "Exhibit G" are three pages from the 17<sup>th</sup> Judicial Circuit Court of Boone County's website showing OWEN G. COSTANZA's guilty plea in Case Number 1995-CM-170.

- B. Allegation #2: "1999 Terminated from Liberty Insurance for Fraud Misrepresentation." Public records obtained from the State of Wisconsin indicate OWEN G. COSTANZA was terminated under Codes 15 and 17, which identify as "fraud" and "misrepresentation" according to the State. The last page is a short statement on the actual reason(s) for termination as allegedly reported by the employer. Attached hereto as "Exhibit H"are three pages from the State of Wisconsin regarding OWEN G. COSTANZA's termination from Liberty Insurance.
- C. Allegation #3: "1999 Pleads Guilty Writing Bad Checks in Boone County" Court records indicate that in Boone County Case Number 1999-CM-557, OWEN G. COSTANZA did, in fact, enter a guilty plea on January 27, 2000. The Court later entered a "conditional discharge order and additional conditions order" disposition for the case. Attached hereto as "Exhibit I" are three pages from the 17th Judicial Circuit Court of Boone County's website showing OWEN G. COSTANZA's guilty plea in Case Number 1999-CM-657.
- D. Allegation # 4: "2000 Home Foreclosure in Boone County" Court records indicate that in Boone County Case Number 1999-CH-145, OWEN G. COSTANZA's home was, in fact, foreclosed on, with the Court confirming the sale and ordering possession on July 19, 2000. Attached hereto as "Exhibit J" are two pages from the 17th Judicial Circuit Court of Boone County's website confirming the foreclosure of OWEN G. COSTANZA's home.
- E. Allegation # 5: "2000 Completes Chapter 7 Bankruptcy Filed in 1996 as Chapter 13. Court records indicate that in the Northern District of Illinois (Western Division), bankruptcy petition # 96-51903, OWEN G. COSTANZA did file for Chapter 13 bankruptcy in

1996, converted it to a Chapter 7, which was later finalized by the Court on January 3, 2000. Attached hereto as "Exhibit K" are 7 pages from the U.S. Bankruptcy Court's website.

- F. Allegation # 6: "2007 Pleads Guilty for Drunk Driving Winnebago
  County." Court records indicate OWEN G. COSTANZA did, in fact, enter a guilty plea of DUI
  on February 27, 2007, in 17<sup>th</sup> Judicial Circuit Court, Winnebago County, Case Number 2007-DT70. The Court later entered a "court supervision" disposition of the case. Attached hereto as
  "Exhibit L" are 4 pages from 17<sup>th</sup> Judicial Circuit Court's online website.
- G. Allegation # 7: "2008 Wisconsin DOI Denies Insurance License for False Application." According to the Wisconsin Commissioner of Insurance' Annual report (see page 41), OWEN G. COSTANZA did, in fact, have his license denied for 31 days, based on allegations of failing to disclose previous criminal convictions on an insurance license application and failing to disclose a company termination for allegations of misconduct.

  November 2008. Attached hereto as "Exhibit M" are pertinent pages of the 2008 Wisconsin Insurance Report.
- H. Allegation # 8: "2010 Indiana DOI Fines Him \$1,500.00 False

  Application & Revokes Insurance License." According to the Indiana Department of Insurance

  Agreed Entry and Stipulation, dated September 21, 2010, OWEN G. COSTANZA was ordered
  to pay a \$1,500.00 fine for false statements on his application for licensure, and also agreed that
  action will be taken against his state license. That one of the misrepresentations that OWEN G.

  COSTANZA made on the application was that he indicated that he was never "convicted of a
  crime, had a judgment withheld or deferred, or are...currently charged with committing a crime."

  Attached hereto as "Exhibit N" is the Agreed Entry filed with the Indiana Commissioner of

Insurance in Cause Number 9384-AG10-8031-135 and signed by the Respondent, Owen Costanza, as well as the Final Order and Approval entering the Agreed Entry.

- I. Allegation # 9: "2011 Terminated from RMS Service Group for Misappropriating Company Funds." According to an RMS Service Group letter obtained through a FOIA request of a state agency, dated January 27, 2011, OWEN G. COSTANZA was, in fact, terminated for the reason(s) listed in the letter, pertaining to financial transactions. Attached hereto as "Exhibit O" is a letter dated January 27, 2011, from RMS Service Group to the Plaintiff, OWEN G. COSTANZA, terminating OWEN G. COSTANZA's employment for the reasons stated therein.
- J. Allegation # 10: "2012 Answers Fraudulently Again on Illinois DOI

  License Renewal Application." According to an Illinois Department of Insurance Stipulation and
  Consent Order, dated February 18, 2015, Plaintiff, OWEN G. COSTANZA did not truthfully
  report certain things on his application (see page 6, item "K"). Attached hereto as "Exhibit P" is
  an Order of Dismissal and a Stipulation and Consent Order from the State of Illinois, Department
  of Insurance setting forth in Paragraphs J and K the Plaintiff's, OWEN G. COSTANZA's,
  answering "no" on his 2010 and 2012 applications for license renewal when asked about his
  involvement in an administrative proceeding regarding a professional or occupational license or
  registration in another State.
- K. Allegation # 11: "2014 DOI Investigates Numerous Complaints by
  Insurance Customers, Past Terminations, Criminal History, Unlawful Fund Withdrawals, and
  Fines & Discipline from Wisconsin and Indiana (IL-14-HR-0482 & IN-934-AG10-8031-135)".
  According to an Illinois Department of Insurance Stipulation and Consent Order, dated February

- 18, 2015, the Illinois DOI did, in fact, conduct this investigation. Attached hereto as "Exhibit Q" is an Order of Dismissal and a Stipulation and Consent Order from the State of Illinois, Department of Insurance.
- L. Allegation # 12: "2014 Illinois DOI Revokes Insurance Business License for Major Agency Violations." According to an Illinois Department of Insurance Stipulation and Consent Order, dated February 18, 2015, OWEN G. COSTANZA, as representative of RMS Service Group, Inc., agreed to the revocation of the license of RMS Service Group, Inc., d/b/a Alliance Insurance Agency. Attached hereto as "Exhibit Q" is an Order of Dismissal and a Stipulation and Consent Order from the State of Illinois, Department of Insurance setting forth said consent.
- M. Allegation # 13: "2015 Illinois DOI Disciplines and Fines Him \$30,000.00 for Multiple Repeat Violations." Attached hereto as "Exhibit Q" is an Order of Dismissal and a Stipulation and Consent Order from the State of Illinois, Department of Insurance setting forth a civil penalty of \$30,000.00 against RMS Service Group, Inc.
- 5. That Black Law's Dictionary defines "criminal" (noun) as "One who has committed a criminal offense; one who has been legally convicted of a crime; one adjudicated guilty of a crime." Black's Law Dictionary, Sixth Edition, West 1990, page 372.
- 6. That Black Law's Dictionary defines "criminal" (adjective) as "That which pertains to or is connected with the law of crimes, or the administration of penal justice, or which relates to or has the character of a crime. Of the nature of or involving a crime." Black's Law Dictionary, Sixth Edition, West 1990, page 372.

- 7. That Black Law's Dictionary defines "criminal behavior" as "Conduct which causes any social harm and is defined and made punishable by law." Black's Law Dictionary, Sixth Edition, West 1990, page 373.
- 8. That Black Law's Dictionary defines "record" as "A written account of some act, court proceeding, transaction, or instrument, drawn up, under authority of law, by a proper officer, and designed to remain as a memorial or permanent evidence of the matters to which it relates. Black's Law Dictionary, Sixth Edition, West 1990, page 1273.
- 9. That all of the allegations being true, Plaintiffs' Complaint must be dismissed WHEREFORE, the Defendants, DONALD G. SATTLER, MARION THORNBERRY, and ELISABETH M. RODGERS, pray that Counts X, XI, XII, XIV, XV and XVII of the Complaint at Law of the Plaintiffs, RMS INSURANCE SERVICES, INC., and OWEN G. COSTANZA, be dismissed, with prejudice.

DONALD G. SATTLER, MARION THORNBERRY, and ELISABETH M. RODGERS, Defendants,

TRENT M. FERGUSON, One of Their Attorneys

#### PROOF OF SERVICE

The undersigned certifies that a copy of the foregoing Defendants', Donald G. Sattler, Marion Thornberry, and Elisabeth M. Rodgers, 735 ILCS 5/2-615 Motion to Dismiss Counts X, XI, XII, XIV, XV and XVII of the Complaint Defamation and Business Defamation Under Illinois Common Law was served upon the following:

> Attorney Timothy P. Donohue 228 West Main Street Barrington, IL 60010 tpd@aol.com

Attorney Joseph M. Madonia 5757 North Sheridan, Suite 10A Chicago, IL 60660 josephmadonia@gmail.com

Ly Himes

via email on the  $\sqrt{2^{-1/4}}$  day of  $\sqrt{\frac{1}{2}}$ ,  $20\overline{22}$ .

ATTORNEY TRENT M. FERGUSON - #6303282 RAY A. FERGUSON & ASSOC., LTD 216 North Court Street Rockford, IL 61103 (815) 489-9500 rayferglaw@yahoo.com

#### Exhibit 1 – 1995 – Pleads Guilty to Filing False Police Report

Page 1 of 2 Boone County, IL | Case Information Boone County, IL 1995CM170 COSTANZA, OWEN.G. Last Search | Information | Dispositions | History | Payments | Fines & Fees Case Information 06/13/2000 Last Upload 1995CM170 Last Update Criminal Misdemeanor Case Category CM-Criminal Case Type - Subtype Other Litigants None Litigant Information Full Name COSTANZA, OWEN G Defendant/Respondent Physical File Location Date of Birth 03/31/1972 Role Initial Open Date 04/21/1995 Initial Close Date Impounded No Reclose Date Suppress Minutes Reopen Date No **ArrestingOfficer** GARDNER, OFFICER PATRICK Identification Hair Color Eye Color Male Height Weight Gender Address 106 WENATCHEE WAY Street 1 Postal Code State IL POPLAR GROVE City Country Phone Numbers None Hearings Judge Date Time Type 09:30 HOLMGREN 08/30/1996 35 - Status hearing http://www.judici.com/courts/cases/case\_information.jsp?court=IL004015J&ocl=IL00401...

# Boone County, IL

| 1995CM170_COSTANZA |                                        | ch   Inform  | ation   Disp | osition | s   History   Payments |
|--------------------|----------------------------------------|--------------|--------------|---------|------------------------|
| Name No. Qualific  | Fines & Fo                             | Type         | Date         | Plea    | Status                 |
| Charge 1 None      | FALSE REPORT OF<br>OFFENSE             | Original     |              | Guilty  | Class B Misdemeanor    |
| Disposition 1      | 403 - Withhold<br>Judgment/Supervision |              | 07/13/1995   |         |                        |
| Sentence 1         | 208 - Supervision                      | 12<br>months | 07/13/1995   |         | In Force               |
| Sentence 2         | 301 - Fine                             |              | 07/13/1995   |         | In Force               |
| Sentence 3         | 209 Fublic Service                     | hours        | 07/13/1995   |         | In Force               |

## Boone County, IL

| 1996CM170   | COSTANZA, OWEN G                                                                                | Last Search   Information   Dispositions   Histo                                                                                                                                                                              | ry   Payments |
|-------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Date        | Entry                                                                                           |                                                                                                                                                                                                                               | Judge         |
| Entered Und | der: COSTANZA, OWEN G                                                                           |                                                                                                                                                                                                                               |               |
| 08/30/1996  | Def not ps. St. by Haughan, conditions of CS. CAse is rer                                       | Court is adv that the def has complied with moved from call.                                                                                                                                                                  | JRH           |
| 07/25/1996  | On oral motion of def., Court                                                                   | Stay On Warrant. Court hears and grants same.<br>orders cas cont. to 8/30/96 at 9:30 a.m. for<br>ork. All parties notified of date in open court.                                                                             | JRH           |
| 07/12/1996  | a cont. Court orders BW with<br>to be stayed until 7-25-96 at                                   | Court is adv that an Attorney from Chicago req<br>bond set at \$3,000.00 and at the req of STate<br>9:00 a.m. Status hearing set for 07/25/1996 at                                                                            | JRH           |
| 06/27/1996  | 07/12/1996 at 09:00 in court                                                                    |                                                                                                                                                                                                                               | UNASSIGNED    |
| 07/13/1995  | Defenters a plea of Guilty. F<br>year and assessed fine and<br>shall perform 20 hours PSW       | orles Sewell enters his appearance. St. by Hursh. Pursuant to agree the def is placed on CS for one costs of \$150.00 to be pd by 9-14-95. The def at the direction of Probation, Guilty Plea CS or 09/14/95 at 09:00 in cour | JRH           |
| 06/30/1995  | Bail Bond For Appearamcer                                                                       | of Defendant \$100.00.                                                                                                                                                                                                        | UNASSIGNED    |
| 06/09/1995  | Def ps for arraign. Atty. Sew<br>Def enters a plea of NG. Cas<br>set for 07/13/95 at 01:30 in o | rell enters his appearance. St. seeking[ jail time, se set for PTC on 7-13-95 at 1:30 p.m. Pre-trial courtroom C.                                                                                                             | RJF           |
| 06/02/1995  | Warrant returned served. Ar C.                                                                  | raignment set for 06/09/95 at 09:00 in courtroom                                                                                                                                                                              | UNASSIGNED    |
| 04/21/1995  | Warrant issued.                                                                                 |                                                                                                                                                                                                                               | UNASSIGNED    |
|             |                                                                                                 |                                                                                                                                                                                                                               |               |

#### Exhibit 1 – 1999 – Terminated from Liberty Insurance for Fraud Misrepresentation

| TRUCTIONS: Type or print all required information into space provi<br>ain 15 calendar days following agent termination. You can utilize this<br>mission of this form constitutes company cardification that each ag<br>ulred for terminations. Fill in date of mailing at bottom of page. V<br>apany address on file, If a report is not received by your company on a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ueu ano return to a   | house sald-  | ans. This form must be filled                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|----------------------------------------------------|
| The state of the s | and were men made to  | ated with    | wir company Ma fees are                            |
| npany address on file. If a report is not received by your company on a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | any or all agents ide | ntified with | in 30 days, please resubmit.                       |
| Company Name iberty Insurance Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |              | CI Company Number                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 03-0.        | 520076                                             |
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| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |              | Termination/Problem                                |
| Agent Name(s): Last, First, Middle Initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wisconsi.<br>License  |              | Code(s) (follow instruc-<br>tions on reverse side) |
| TANZA, OWEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 02                    | 2359827      | 15) i 7                                            |
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EXHIBIT H

# INSTRUCTIONS FOR COMPLETION OF NOTICE OF TERMINATION FORM

List all codes describing complaints received or problems experienced by your company involving the agent(s) and all codes indicating reason(s) for termination.

If any of the codes 10 through 19 are identified, complete explanations and documentation must be attached to this form.

This documentation need not prove violations, but should include situation where possible violations exist.

The Office of the Commissioner of Insurance will investigate these situations and take appropriate action based upon the investigation. Section 601.42 (6), Wis. Stat., provides immunity for the insurer from an action for damages or defamation in the absence of actual malice, as a result of filling this report.

If your company discovers any problem regarding an agent following submission of this form, supplemental information, including documentation must be promptly forwarded to the Agent Licensing Section.

if Code 21 is identified, a complete explanation must be attached to this form.

If Code 05 is identified, additional documentation must be attached to substantiate the death such as an obituary, newspaper article, death certificate, or a letter from the company identifying the date of death.

#### CODES FOR PROBLEMS EXPERIENCED AND TERMINATION INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01 | Voluntary Termination                                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02 | Inadequate Production                                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05 | Death                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 08 | Company Defunct or Liquidation                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10 | Company Indebtedness                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13 | Forgery                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14 | Altering Policies                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15 | Fraud                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16 | Misappropriation                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17 | Misrepresentation Failure to Promptly Submit Applications or Premiums |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -  |                                                                       |
| The state of the s | 18 | Failure to Promptly Submit Applications or Premiums                   |

The Company belteves the agent in question filed a fraudulent claim on a vehicle he owned that was insured by the Liberty Mutual Companies, in the state of Illinois.

Joone County, IL | Case Information

Page 1 of 2

## Boone County, IL

1999CM657 COSTANZA, OWEN G Last Search | Information | Dispositions | History | Payments | Fines & Fees

COSTANZA, OWEN G

1999CM657

Criminal

03/31/1972

Case Type - Subtype

Initial Open Date 08/04/1999

Last Update

Case Information

Case

Case Category Other Litigants

None

Litigant Information

Full Name Date of Birth

Impounded Suppress Minutes ArrestingOfficer Identification

UNKNOWN Male Height

Weight

Role

Reopen Date

Eye Color

Defendant/Respondent Physical File Location

04/28/2000

CM -

Hair Color

Street 1 106 WENATCHEE WAY POPLAR GROVE

No

No

State IL

Postal Code

Last Upload

Criminal Misdemeanor

Initial Close Date

Reclose Date

Country **Phone Numbers** 

None Hearings Type

Gender

Address

City

91 - Pay or appear

Date 07/27/2000

Time 09:00 Judge ASSOCIATE

# Boone County, IL

| 1999CM657           | COSTANZA, OWEN G                                                                                                                                                                                                                                                 | Last Search.   Information   Dispositions   Histories & Fees                                                                               | ory   Payments |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Date<br>Entered Und | Entry<br>ler: COSTANZA, OWEN G                                                                                                                                                                                                                                   | Tilles & Pees                                                                                                                              | Judge          |
| 04/27/2000          | Def ps for Status on COP an compliance and reminds def                                                                                                                                                                                                           | d shows compliance. Court finds def in of payment date.                                                                                    | JRT            |
| 01/27/2000          | same presented for Court's a<br>enter JOC and will place def.<br>F&C totaling \$300.00 on or by<br>to be applied. Def. further will<br>the Check Offender Program<br>on 04/27/00 at 9:30 a.m. for \$<br>and accepts plng. Guilty Plea<br>ADDITIONAL CONDITIONS ( |                                                                                                                                            |                |
|                     | Def ps for arraign. & advised<br>Court orders case cont. for P<br>date in open Court. Pre-trial/s<br>courtroom C.                                                                                                                                                | of chgs, rts & pps. St by Meiton. On M/Def,<br>TC on 1-27-00 at 1:30 PM. All parties notified of<br>ch conf set for 01/27/2000 at 01:30 in | ASM            |
| 12/13/1999          | Warrant returned served. Bai<br>Arraignment set for 12/17/199                                                                                                                                                                                                    | Bond For Appearance of Defendant \$100.00. 9 at 08:30 in courtroom C.                                                                      | UNASSIGNED     |
| 08/04/1999          | **Information filed on 08/04/0                                                                                                                                                                                                                                   | 0 Warrant issued.                                                                                                                          | UNASSIGNED     |

#### Exhibit 1 – 2000 – Home Foreclosure in Boone County

1999CH145 COSTANZA, OWEN GLast Search | Information | Dispositions | History | Payments | Fines & Fees

| Case Information     | NY DIETERA  | A PARTY OF THE PARTY. |          | 17 12 FEE             | TSP-5     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 文学 医红豆属                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------|-------------|-----------------------|----------|-----------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case                 | 1999CH145   | Last Update           |          | 03/19/2               | 003       | Last Upload                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10/06/2019 @ 05:2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Case Category        | Civil       | Case Type - Subty     | ре       | CH - 102              |           | Chancery - Mortgage F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oreclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other Litigants      |             |                       |          |                       |           | Statistics with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Role                 | Name        |                       |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Defendant/Respondent | COSTANZA, P | AULA K                |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Defendant/Respondent | CANDLEWICH  | LAKE ASSOCIATIO       | N, INC   |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Defendant/Respondent | MERCHANTS   | NATL BANK OF AU       | RORA     |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plaintiff/Petitioner |             | GAGE COMPANY          |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Litigant Information |             |                       |          | OF THE REAL PROPERTY. |           | THE RESIDENCE OF THE PARTY OF T |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name            | COSTANZA, O | WEN G                 |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date of Birth        |             | Role                  | Defend   | dant/Respo            | ndent     | Physical File Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Impounded            | No          | Initial Open Date     | 10/29    |                       |           | Initial Close Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 03/15/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Suppress Minutes     | No          | Reopen Date           |          |                       |           | Reclose Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 03/13/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| None                 |             | •                     |          |                       |           | reciose Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Identification       |             |                       | ERER     |                       | 26.003    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| None                 |             |                       |          |                       | ations or |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CANADA STRUCTURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Address              |             |                       |          |                       | E-100.00  | THE REAL PROPERTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STATE OF THE PARTY |
| Street 1             | 106 WENATC  | HEE WAY SW            |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City                 | POPLAR GROV | VE                    | State    | IL                    |           | Postal Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 610650000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Country              |             |                       |          |                       |           | 1 Ostal Gode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 010030000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Phone Numbers        |             |                       |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| None                 |             |                       |          |                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hearings             |             |                       | NATE AND | NEW YORK              | SERVICE . | STREET, STREET |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Туре                 |             | Date                  | Time     |                       | udge      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Landin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10 - Motion hearing  |             | 07/19/2000            | 1:30 P.  | 450                   | KENNEI    | OV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      |             | /12/2000              | 1.00 F.  |                       | CENTAGE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

#### 1999CH145 COSTANZA, OWEN GLast Search | Information | Dispositions | History | Payments | Fines & Fees

| Name            | No. | Description                      | Туре     | Date       | Satisfied? |
|-----------------|-----|----------------------------------|----------|------------|------------|
| Complaint/Count | 1/1 |                                  | Original |            | oausneu.   |
| Disposition     | 1   | 851 - Judgment                   | Original | 03/15/2000 |            |
| Finding         |     | CHASE MORTGAGE COMPANY           | FOR      | //         |            |
| Finding         |     | COSTANZA, OWEN G                 | AGAINST  |            |            |
| Disposition     | 2   | 851 - Judgment                   | Original | 03/15/2000 |            |
| Finding         |     | CHASE MORTGAGE COMPANY           | FOR      | 20/10/2000 |            |
| Finding         |     | COSTANZA, PAULA K                | AGAINST  |            |            |
| Disposition     | 3   | 851 - Judgment                   | Original | 03/15/2000 |            |
| Finding         |     | CHASE MORTGAGE COMPANY           | FOR      | 00/10/2000 |            |
| Finding         |     | CANDLEWICK LAKE ASSOCIATION, INC | AGAINST  |            |            |
| Disposition     | 4   | 851 - Judgment                   | Original | 03/15/2000 |            |
| Finding         |     | CHASE MORTGAGE COMPANY           | FOR      | 03/13/2000 |            |
| Finding         |     | MERCHANTS NATL BANK OF AURORA    | AGAINST  |            | E          |

#### 1999CH145 COSTANZA, OWEN G

<u>Last Search</u> | <u>Information</u> | <u>Dispositions</u> | <u>History</u> | <u>Payments</u> | <u>Fines & Fees</u>

| Date        | Entry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Judge      |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Entered Und | er: COSTANZA, OWEN G                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| 07/19/2000  | PI pres by Atty Mozal. Motion for Order Approving Report of Sale and Distribution heard & granted. No deficiency of surplus judgment entered. Motion for Order of Possession heard & granted. See order. Notice of Motion Motion For Order Approving Report of Sale & Distribution Report of Sale & Distribution ORDER APPROVING REPORT OF SALE & DISTRIBUTION, CONFIRMING SALE & ORDER FOR POSSESSION                                                                                    | ЈТК        |
| 06/02/2000  | Certificate of Publication                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNASSIGNED |
| 05/24/2000  | Proof of Mailing Notice of Sale Notice of Sale                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNASSIGNED |
| 03/15/2000  | Atty Jan Mozal pres for pl. Motion For Default Judgment heard and granted. Motion to Dismiss Unknown Owners & Non-record Claimants heard and granted. Motion For Judgment of Foreclosure & Sale heard and granted. Motion to Appoint Selling Officer heard and granted. Lost Document Affidavit filed. Redemption period expires 6-16-2000.                                                                                                                                               | јтк        |
|             | Order of Default Judgment For Foreclosure and Sale Order Appointing Foreclosure Sale Officer Lost Document Affidavit Copy - FHA Mortgage Copy - Loan                                                                                                                                                                                                                                                                                                                                      |            |
| 03/09/2000  | Substitute service of summons 11/02/99 (Costanza, O) \$67.00 Summons ret'd served 11/02/99 (Costanza P) \$10.00 Summons ret'd served 11/01/99 (Candlewick Lake) \$12.00 Summons ret'd not served 11/02/99 (Unknown Tenants) \$10.00 Affidavit of Special Process Server 11/15/99 (Merchants Nat'l Bank Certificate Atty Affidavit Affidavit of Prove-Up Order Modifying Stay - Bankruptcy Notice of Motion Motion for Judgment for Foreclosure and Sale Notion To Appoint Selling Officer |            |
| 10/29/1999  | Complaint to Foreclose Mortgage \$88.00 Affidavit as to Unknown Owners and Nonrecord Claimants Lis Pendens and Notice of Foreclosure Summons Issued and Forwarded to Boone Co Sheriff for Service                                                                                                                                                                                                                                                                                         |            |

#### U.S. Bankruptcy Court Northern District of Illinois (Western Division) Bankruptcy Petition #: 96-51903

Assigned to: Honorable Judge Manuel Barbosa

Chapter 7

Previous chapter 13

Voluntary

No asset

Debtor 1

Owen Greg Costanza
Poplar Grove, IL 61065

**BOONE-IL** 

SSN / ITIN: xxx-x

Debtor 2

Poplar Grove, IL 61065

BOONE-IL

SSN / ITIN: xx

pka Paula K Stevenson

Trustee Bernard J Natale

Bernard J. Natale, Ltd. Edgebrook Office Center 1639 N Alpine Rd Suite 401

Rockford, IL 61107

815-964-4700

Date filed: 07/26/1996
Date converted: 09/03/1999
Date terminated: 01/03/2000

341 meeting: 10/07/1999 3:00 PM

Deadline for objecting to discharge: 12/06/1999

represented by Gary C Flanders

1 Court Place Suite 201 Rockford, IL 61101 (815) 962-7084

Fax: (815) 987-3759

Email: garycflanders@gmail.com

represented by Gary C Flanders

(See above for address)



| Filing Date | # | Docket Text                                                                                                   |
|-------------|---|---------------------------------------------------------------------------------------------------------------|
| 07/26/1996  | 1 | VOLUNTARY petition under chapter 13 [CB] (Entered: 07/26/1996)                                                |
| 07/26/1996  | 2 | INTAKE Checklist [CB] (Entered: 07/26/1996)                                                                   |
| 07/26/1996  | 3 | APPLICATION to Pay Filing Fees in Installments [CB] (Entered: 07/26/1996)                                     |
| 07/26/1996  | 4 | CHAPTER 13 Plan [CB] (Entered: 07/26/1996)                                                                    |
| 07/26/1996  | 5 | SCHEDULES [CB] (Entered: 07/26/1996)                                                                          |
| 07/26/1996  | 6 | STATEMENT of Financial Affairs [CB] (Entered: 07/26/1996)                                                     |
| 07/26/1996  | 7 | ATTORNEY Statement of Compensation [CB] (Entered: 07/26/1996)                                                 |
| 07/26/1996  | 8 | AFFIDAVIT Prescribed by General Rule 39 [CB] (Entered: 07/26/1996)                                            |
| 08/02/1996  | 9 | NOTICE of 341 Meeting Notice and Claims Deadline with Certificate of Mailing Filed [MW] (Entered: 08/02/1996) |

|            |    | illinois Northern Bankruptcy Live System                                                                                                                                                                        |
|------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 08/02/1996 | 10 | NOTICE of Confirmation Hearing hearing on 09/20/1996 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois [MW] Original NIBS Entry Number: 9A (Entered: 08/02/1996)    |
| 08/22/1996 | 11 | OBJECTION to Confirmation of Plan RE: Chase Manhattan Mortgage Corp [MW] Original NIBS Entry Number: 10 (Entered: 08/22/1996)                                                                                   |
| 08/22/1996 | 12 | PROOF of Service [MW] Original NIBS Entry Number: 10A (Entered: 08/22/1996)                                                                                                                                     |
| 09/05/1996 | 13 | PROOF of Service RE: Meeting of Creditors notice sent to Commercial Financial Services, Inc. by Trustee RE: Item# 9 [MW] Original NIBS Entry Number: 11 (Entered: 09/05/1996)                                   |
| 09/16/1996 | 14 | OBJECTION to Confirmation of Plan by Trustee [MW] Original NIBS Entry Number: 12 (Entered: 09/16/1996)                                                                                                          |
| 09/16/1996 | 15 | PROOF of Service [MW] Original NIBS Entry Number: 12A (Entered: 09/16/1996)                                                                                                                                     |
| 09/24/1996 | 16 | NOTICE of trustee's proposal for allowance or modification of claims RE: Associated Financial Service, Phillips 66 [MW] Original NIBS Entry Number: 13 (Entered: 09/24/1996)                                    |
| 09/26/1996 | 17 | PRETRIAL Conference hearing on 10/25/1996 at 9:30 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 11 [MW] Original NIBS Entry Number: 14 (Entered: 09/26/1996)  |
| 09/26/1996 | 18 | PRETRIAL Conference hearing on 10/25/1996 at 9:30 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 14 [MW] Original NIBS Entry Number: 14A (Entered: 09/26/1996) |
| 09/26/1996 | 19 | CERTIFICATE of Mailing [MW] Original NIBS Entry Number: 14B (Entered: 09/26/1996)                                                                                                                               |
| 09/27/1996 | 20 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 15 (Entered: 09/27/1996)                                                                                  |
| 10/01/1996 | 21 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 16 (Entered: 10/01/1996)                                                                                  |
| 10/03/1996 | 22 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 17 (Entered: 10/03/1996)                                                                                  |
| 10/10/1996 | 23 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 18 (Entered: 10/10/1996)                                                                                  |
| 10/29/1996 | 24 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 19 (Entered: 10/29/1996)                                                                                  |
| 11/05/1996 | 25 | CHAPTER 13 Plan [Modified] [MW] Original NIBS Entry Number: 20 (Entered: 11/05/1996)                                                                                                                            |
| 11/05/1996 | 26 | NOTICE of Hearing hearing on 12/13/1996 at 9:15 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 25 [MW] Original NIBS Entry Number: 20A (Entered: 11/05/1996)   |
| 11/05/1996 | 27 | PROOF of Service [MW] Original NIBS Entry Number: 20B (Entered: 11/05/1996)                                                                                                                                     |

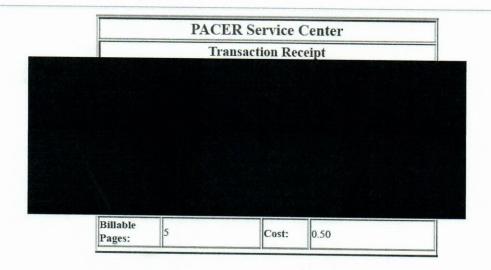
| 72072021   |    | Illinois Northern Bankruptcy Live System                                                                                                                                                                       |
|------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/12/1996 | 28 | OBJECTION to Confirmation of Plan [Modified] by Trustee [MW] Original NIBS Entry Number: 21 (Entered: 11/12/1996)                                                                                              |
| 11/12/1996 | 29 | PROOF of Service [MW] Original NIBS Entry Number: 21A (Entered: 11/12/1996)                                                                                                                                    |
| 12/12/1996 | 30 | NOTICE of trustee's proposal for allowance or modification of claims [JS] Original NIBS Entry Number: 22 (Entered: 12/12/1996)                                                                                 |
| 12/20/1996 | 31 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 23 (Entered: 12/20/1996)                                                                                 |
| 12/20/1996 | 32 | PRETRIAL Conference hearing on 01/10/1997 at 9:30 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 28 [MW] Original NIBS Entry Number: 24 (Entered: 12/20/1996) |
| 12/20/1996 | 33 | PROOF of Service [MW] Original NIBS Entry Number: 24A (Entered: 12/20/1996)                                                                                                                                    |
| 12/23/1996 | 34 | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 25 (Entered: 12/23/1996)                                                                                     |
| 12/24/1996 | 35 | NOTICE of intent to pay claims - notice sent [MW] Original NIBS Entry Number: 26 (Entered: 12/24/1996)                                                                                                         |
| 01/10/1997 | 36 | ORDER Confirming Plan [Modified] [MW] Original NIBS Entry Number: 27 (Entered: 01/13/1997)                                                                                                                     |
| 02/03/1997 | 37 | CHAPTER 13 Plan [Modification] - Debtor [CB] Original NIBS Entry Number: 28 (Entered: 02/03/1997)                                                                                                              |
| 02/03/1997 | 38 | NOTICE of Filing - Objections Due On or Before 2-28-97 [CB] Original NIBS Entry Number: 28A (Entered: 02/03/1997)                                                                                              |
| 02/03/1997 | 39 | PROOF of Service [CB] Original NIBS Entry Number: 28B (Entered: 02/03/1997)                                                                                                                                    |
| 02/05/1997 | 40 | RECEIPT No. 72413/\$130.00 Installment Fee [MW] Original NIBS Entry Number: 29 (Entered: 02/06/1997)                                                                                                           |
| 02/18/1997 | 41 | NOTICE [Amended] - Objections are to be filed by 3-7-97 RE: Item# 37 [MW] Original NIBS Entry Number: 30 (Entered: 02/18/1997)                                                                                 |
| 02/18/1997 | 42 | PROOF of Service [MW] Original NIBS Entry Number: 30A (Entered: 02/18/1997)                                                                                                                                    |
| 02/18/1997 | 43 | PROOF of Service RE: Item# 41 [MW] Original NIBS Entry Number: 31 (Entered: 02/18/1997)                                                                                                                        |
| 02/28/1997 | 44 | CHAPTER 13 Plan [Modified] [MW] Original NIBS Entry Number: 32 (Entered: 02/28/1997)                                                                                                                           |
| 02/28/1997 | 45 | HEARING Continued hearing on 03/14/1997 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 38 [JB] Original NIBS Entry Number: 33 (Entered: 02/28/1997)   |
| 02/28/1997 | 46 | MOTION to Dismiss - Trustee [Disposed] [JB] Original NIBS Entry Number: 34 (Entered: 02/28/1997)                                                                                                               |
| 02/28/1997 | 47 | NOTICE of Hearing hearing on 03/28/1997 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 46 [JB] Original NIBS                                          |

| 12/        |    | Illinois Northern Bankruptcy Live System                                                                                                                                                                                                                          |
|------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |    | Entry Number: 34A (Entered: 02/28/1997)                                                                                                                                                                                                                           |
| 02/28/1997 | 48 | CERTIFICATE of Mailing [JB] Original NIBS Entry Number: 34B (Entered: 02/28/1997)                                                                                                                                                                                 |
| 03/25/1997 | 49 | ORDER Confirming Plan [Modified] [MW] Original NIBS Entry Number: 35 (Entered: 03/25/1997)                                                                                                                                                                        |
| 03/26/1997 | 50 | MOTION to Avoid Judicial Lien of Merchants National Bank [Disposed] [MW] Original NIBS Entry Number: 36 (Entered: 03/27/1997)                                                                                                                                     |
| 03/26/1997 | 51 | OBJECTION to Claim RE: Merchants National Bank [Disposed] [MW] Original NIBS Entry Number: 37 (Entered: 03/27/1997)                                                                                                                                               |
| 03/26/1997 | 52 | NOTICE of Hearing hearing on 05/02/1997 at 10:45 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 50 [MW] Original NIBS Entry Number: 38 (Entered: 03/27/1997)                                                     |
| 03/26/1997 | 53 | NOTICE of Hearing hearing on 05/02/1997 at 10:45 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 51 [MW] Original NIBS Entry Number: 38A (Entered: 03/27/1997)                                                    |
| 03/26/1997 | 54 | PROOF of Service [MW] Original NIBS Entry Number: 38B (Entered: 03/27/1997)                                                                                                                                                                                       |
| 03/28/1997 | 55 | HEARING Continued hearing on 05/16/1997 at 1:30 p.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 47[Rescheduled] [JB] Original NIBS Entry Number: 39 (Entered: 04/01/1997)                                         |
| 05/12/1997 | 56 | ORDER GRANTED RE: Item# 50 [MW] Original NIBS Entry Number: 40 (Entered: 05/12/1997)                                                                                                                                                                              |
| 05/12/1997 | 57 | ORDER Disallowing Claim as filed RE: Item# 51 [MW] Original NIBS Entry Number: 41 (Entered: 05/12/1997)                                                                                                                                                           |
| 05/16/1997 | 58 | ADJOURNED Hearing Continued ADJOURNED Hearing Continued postponed to 06/20/1997 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 55[Rescheduled] [JB] Original NIBS Entry Number: 42 (Entered: 05/19/1997) |
| 06/20/1997 | 59 | ADJOURNED Hearing Continued ADJOURNED Hearing Continued postponed to 07/18/1997 at 1:30 p.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 58[Rescheduled] [JB] Original NIBS Entry Number: 43 (Entered: 06/23/1997) |
| 07/08/1997 | 60 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 44 (Entered: 07/08/1997)                                                                                                                                    |
| 07/18/1997 | 61 | ADJOURNED Hearing Continued ADJOURNED Hearing Continued postponed to 10/10/1997 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 59[Rescheduled] [JB] Original NIBS Entry Number: 45 (Entered: 07/22/1997) |
| 07/30/1997 | 62 | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 46 (Entered: 07/30/1997)                                                                                                                                        |
| 08/19/1997 | 63 | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 47 (Entered: 08/19/1997)                                                                                                                                        |
| 09/05/1997 | 64 | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original                                                                                                                                                                                |

| 20/2021    |             | Illinois Northern Bankruptcy Live System                                                                                                                                                                                                                          |
|------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |             | NIBS Entry Number: 48 (Entered: 09/05/1997)                                                                                                                                                                                                                       |
| 09/05/1997 | 65          | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 49 (Entered: 09/05/1997)                                                                                                                                        |
| 09/10/1997 | 66          | APPLICATION for Attorney's Fees from 1-27-97 through 9-8-97 by Gary Flanders [Disposed] [MW] Original NIBS Entry Number: 50 (Entered: 09/11/1997)                                                                                                                 |
| 09/10/1997 | 67          | NOTICE of Hearing hearing on 10/03/1997 at 10:45 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 66 [MW] Original NIBS Entry Number: 50A (Entered: 09/11/1997)                                                    |
| 09/10/1997 | 68          | PROOF of Service [MW] Original NIBS Entry Number: 50B (Entered: 09/11/1997)                                                                                                                                                                                       |
| 10/01/1997 | 69          | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 51 (Entered: 10/01/1997)                                                                                                                                    |
| 10/01/1997 | 70          | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 52 (Entered: 10/01/1997)                                                                                                                                        |
| 10/06/1997 | 71          | ORDER APPROVING RE: Item# 66 [MW] Original NIBS Entry Number: 53 (Entered: 10/06/1997)                                                                                                                                                                            |
| 10/10/1997 | 72          | ADJOURNED Hearing Continued ADJOURNED Hearing Continued postponed to 10/31/1997 at 9:00 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 61[Rescheduled] [JB] Original NIBS Entry Number: 54 (Entered: 10/15/1997) |
| 10/31/1997 | 73          | ADJOURNED Hearing Continued ADJOURNED Hearing Continued postponed to 11/21/1997 at 1:30 p.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 72 [JB] Original NIBS Entry Number: 55 (Entered: 11/03/1997)              |
| 11/28/1997 | 74          | NOTICE of trustee's proposal for allowance or modification of claims [JS] Original NIBS Entry Number: 56 (Entered: 11/28/1997)                                                                                                                                    |
| 11/28/1997 | 75          | NOTICE of report of additional claim with Certificate of Mailing [JS] Original NIBS Entry Number: 57 (Entered: 11/28/1997)                                                                                                                                        |
| 12/01/1997 | 76          | ORDER WITHDRAWING RE: Item# 46 [MW] Original NIBS Entry Number: 58 (Entered: 12/01/1997)                                                                                                                                                                          |
| 02/09/1998 | <u>77</u>   | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 59 (Entered: 02/09/1998)                                                                                                                                    |
| 02/12/1998 | 78          | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 60 (Entered: 02/12/1998)                                                                                                                                        |
| 06/16/1998 | <u>79</u>   | NOTICE of report of additional claim with Certificate of Mailing [MW] Original NIBS Entry Number: 61 (Entered: 06/16/1998)                                                                                                                                        |
| 06/16/1998 | <u>80</u>   | NOTICE of trustee's proposal for allowance or modification of claims [MW] Original NIBS Entry Number: 62 (Entered: 06/16/1998)                                                                                                                                    |
| 12/10/1998 | . <u>81</u> | NOTICE of Transfer of Claim from Sears to Max Recovery Inc [MW] Original NIBS Entry Number: 63 (Entered: 12/10/1998)                                                                                                                                              |

| 12/10/1998 | <u>82</u> | NOTICE of Transfer of Claim from Sears to Max Recovery Inc [MW] Original NIBS Entry Number: 64 (Entered: 12/10/1998)                                                                                                                      |
|------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/10/1998 | <u>83</u> | NOTICE of Transfer of Claim from Sears to Max Recovery Inc [MW] Original NIBS Entry Number: 65 (Entered: 12/10/1998)                                                                                                                      |
| 08/09/1999 | <u>84</u> | MOTION In Regards to Automatic Stay Or Alternatively Dismiss by Chase Manhattan<br>Mortgage Corp [Disposed] [MW] Original NIBS Entry Number: 66 (Entered: 08/09/1999)                                                                     |
| 08/09/1999 | <u>85</u> | NOTICE of Hearing with Certificate of Mailing hearing on 08/13/1999 at 9:30 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 84 [MW] Original NIBS Entry Number: 66A (Entered: 08/09/1999) |
| 08/09/1999 | <u>86</u> | RECEIPT No. 97629/\$75.00 [MW] Original NIBS Entry Number: 66B (Entered: 08/09/1999)                                                                                                                                                      |
| 08/13/1999 | <u>87</u> | ORDER Stay is Modified RE: Item# 84 [MW] Original NIBS Entry Number: 67 (Entered 08/16/1999)                                                                                                                                              |
| 09/03/1999 | 88        | NOTICE of Conversion 13 to 7 with Proof of Service [MW] Original NIBS Entry Number: 68 (Entered: 09/03/1999)                                                                                                                              |
| 09/03/1999 | <u>89</u> | RECEIPT No. 98219/\$15.00 [MW] Original NIBS Entry Number: 68A (Entered: 09/03/1999)                                                                                                                                                      |
| 09/03/1999 | 90        | SCHEDULES [Amended] [MW] Original NIBS Entry Number: 69 (Entered: 09/03/1999)                                                                                                                                                             |
| 09/03/1999 | 91        | STATEMENT of Financial Affairs [Amended] [MW] Original NIBS Entry Number: 70 (Entered: 09/03/1999)                                                                                                                                        |
| 09/03/1999 | 92        | ATTORNEY Statement of Compensation [Amended] [MW] Original NIBS Entry Number: 71 (Entered: 09/03/1999)                                                                                                                                    |
| 09/03/1999 | 93        | DEBTOR'S Statement of Intentions [MW] Original NIBS Entry Number: 72 (Entered: 09/03/1999)                                                                                                                                                |
| 09/17/1999 | 94        | NOTICE of Meeting of Creditors and Deadlines with Certificate of Service [MW] Original NIBS Entry Number: 73 (Entered: 09/17/1999)                                                                                                        |
| 09/28/1999 | <u>95</u> | TRUSTEE'S final report and account [Chapter 13] with certificate of mailing [MW] Original NIBS Entry Number: 74 (Entered: 09/28/1999)                                                                                                     |
| 09/30/1999 | <u>96</u> | AMENDMENT to Schedule F [MW] Original NIBS Entry Number: 75 (Entered: 09/30/1999)                                                                                                                                                         |
| 09/30/1999 | <u>97</u> | RECEIPT No. 98908/\$20.00 [MW] Original NIBS Entry Number: 75A (Entered: 09/30/1999)                                                                                                                                                      |
| 10/07/1999 | 98        | NOTICE to Creditors Listed on Schedules with Certificate of Service RE: Item# 96 [MW] Original NIBS Entry Number: 76 (Entered: 10/07/1999)                                                                                                |
| 10/15/1999 | 99        | FINAL Report of Trustee in No Asset Case [MW] Original NIBS Entry Number: 77 (Entered: 10/15/1999)                                                                                                                                        |
| 11/04/1999 | 100       | MOTION In Regards to Automatic Stay RE: General Motors Acceptance Corp [Disposed] [MW] Original NIBS Entry Number: 78 (Entered: 11/04/1999)                                                                                               |

| 11/04/1999 | 101        | NOTICE of Hearing with Proof of Service hearing on 11/10/1999 at 9:30 a.m. at U.S. Bankruptcy Court, Federal Courthouse 211 South Court, Rockford, Illinois RE: Item# 100 [MW] Original NIBS Entry Number: 78A (Entered: 11/04/1999) |
|------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/04/1999 | 102        | RECEIPT No. 797/\$75.00 [MW] Original NIBS Entry Number: 78B (Entered: 11/04/1999)                                                                                                                                                   |
| 11/10/1999 | 103        | ORDER Stay is Modified RE: Item# 100 [MW] Original NIBS Entry Number: 79 (Entered: 11/10/1999)                                                                                                                                       |
| 12/16/1999 | <u>104</u> | DISCHARGE of Debtor with Certificate of Mailing Filed [MW] Original NIBS Entry Number: 80 (Entered: 12/17/1999)                                                                                                                      |
| 01/03/2000 | 105        | ORDER CLOSING CASE [MW] Original NIBS Entry Number: 81 (Entered: 01/03/2000)                                                                                                                                                         |
| 02/17/2000 | 106        | MOTION To Turn Over Unclaimed Funds To Clerk Of Court RE: Merchants National Bank [Disposed] [MW] Original NIBS Entry Number: 82 (Entered: 02/17/2000)                                                                               |
| 02/22/2000 | 107        | ORDER Authorizing RE: Item# 106 [MW] Original NIBS Entry Number: 83 (Entered: 02/23/2000)                                                                                                                                            |



| ANT Owen G    | Costanza                                                            |                            |                         |              |
|---------------|---------------------------------------------------------------------|----------------------------|-------------------------|--------------|
| RT<br>TE Asce | nding Descending                                                    |                            |                         |              |
|               |                                                                     |                            |                         | 1 - 34 of 34 |
| *DATE         | 03/24/2008 *                                                        | JUDGE **Lucas, Rich        | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | ACA Joseph Bruscato appears fo                                      | or the City. Defendant not | present                 |              |
| *TEXT         | Fines and costs paid in full. Petit<br>motion of the City.          |                            |                         |              |
|               |                                                                     |                            |                         |              |
|               | Clerk TLG                                                           |                            |                         |              |
| *DATE         | 03/06/2008 *                                                        | JUDGE **Lucas, Rich        | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Court Ordered Payments Fee 912<br>Defendant's Attorney Sewell Chi   | 2.00 Amt 912.00            |                         |              |
| *TEXT         |                                                                     | autes 1                    |                         |              |
|               | Clerk MLN                                                           |                            |                         |              |
| *DATE         | 02/12/2008 *.                                                       | JUDGE **Lucas, Rich        | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            | N                       |              |
|               | PETITION TO VACATE COUR<br>PET/VACATE CSV 03/24/2008                | RT SUPERVISION FILED       | BY                      |              |
| *TEXT         | Reporter NONE PRESENT                                               | 2 00 pm km C               |                         |              |
|               | Clerk EB                                                            |                            |                         |              |
| *DATE         | 11/08/2007 *,                                                       | JUDGE **Lucas, Richa       | ard MICROFII M MI IMPED |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Court Ordered Payments Fee 152<br>Defendant's Attorney Sewell Cha   |                            |                         |              |
| *TEXT         |                                                                     | aries i                    |                         |              |
|               | Clerk DR                                                            |                            |                         |              |
| *DATE         | 08/30/2007 *,                                                       | JUDGE **Lucas, Richa       | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Court Ordered Payments Fee 152<br>Defendant's Attorney Sewell Cha   | 2.00 Amt 152.00            |                         |              |
| *TEXT         |                                                                     | nies I                     |                         |              |
|               | Clerk DK                                                            |                            |                         |              |
| *DATE         | 08/06/2007 *J                                                       | JUDGE **Lucas, Richa       | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Accounting Adjustment<br>Defendant's Attorney Sewell Cha            | wlas T                     |                         |              |
| *TEXT         |                                                                     | ares r                     |                         |              |
|               | Clerk TGL                                                           |                            |                         |              |
| *DATE         | 07/13/2007 *J                                                       | JUDGE **Lucas, Richa       | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Court Ordered Payments Fee 152<br>Defendant's Attorney Sewell Cha   | 2.00 Amt 152.00            |                         |              |
| *TEXT         |                                                                     | ries I                     |                         |              |
|               | Clerk SJW                                                           |                            |                         |              |
| *DATE         | 06/25/2007 *J                                                       | UDGE **Lucas, Richa        | ard MICROFILM NUMBER    |              |
| SEALED        |                                                                     | CODE CONVERSION            |                         |              |
|               | Court Ordered Payments Fee 1,52<br>Defendant's Attorney Sewell Char | 20.00 Amt 152.00           |                         |              |
| *TEXT         |                                                                     | 1                          |                         |              |
|               | Clerk DR                                                            |                            |                         |              |
| *DATE         | 05/17/2007 *J                                                       | UDGE **Lucas, Richar       | rd MICROFILM NUMBER     |              |
| SEALED        | (                                                                   | CODE CONVERSION            |                         |              |
| *TEXT         | Court Ordered Payments Fee 1,67                                     |                            |                         | EXHIBIT      |
| ILAI          | Clerk DR                                                            |                            |                         |              |
|               |                                                                     |                            |                         | appies       |
| *DATE         | 04/23/2007 *JI                                                      | UDGE **Lucas, Richar       | rd MICROFILM NUMBER     |              |

|   | *TEXT           | Clerk RJE                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|---|-----------------|------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|   | *DATE           | 03/13/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
|   | SEALED          |                                                      | CODE            | The state of the s | MICROFILM NUMBER |
|   | *TEXT           | Court Ordered Payments I                             | Fee 152.00 An   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | , LA            | Clerk SJT                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 03/08/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |
|   | SEALED          |                                                      | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   | *TEXT           | Court Ordered Payments E                             | Sond Used Fee   | 1,914.00 Amt 90.00 Bond use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |
|   |                 | Clerk MKC                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |
|   | SEALED          | COLDERATION                                          | CODE            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *TEXT           | COURT SUPERVISION (                                  | ORDER FILE      | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |
|   | ILXI            | Reporter NONE PRESEN<br>Clerk CC7                    | T               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | SEALED          | 02/27/2007                                           | *JUDGE<br>CODE  | **Lucas, Richard<br>CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MICROFILM NUMBER |
|   |                 | Disposition 01/00 Count 00                           | I Fine & Com    | t Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |
|   |                 | Disposition Withhold Judg                            | ment/Supervi    | tion DRUGIMDER DIETIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ALCOHOL          |
|   |                 | Statute 625 5/11-501(a)(2)                           |                 | nt Field Guilty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | ******          | Sentence 02/27/2007<br>Sentence Fines and/or Cost    | t/Panaltian and | Fass Contact L. P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |
|   | *TEXT           | Semence Supervision (2M)                             | os Sentence Ir  | Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |
|   |                 | Sentence Alcoholism Treat<br>Sentence DUI School/VIC | mant Cantons    | a In Fann                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |
|   |                 | Fine & Cost Total 1914.00                            | Signed          | A TANAL Delitence in Porce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   |                 | Clerk MKC                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICRAELMANIANDE  |
|   | SEALED          |                                                      | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MICROFILM NUMBER |
|   |                 | Disposition 02/00 Count 00                           | 2 No Fine & C   | Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |
|   |                 | Disposition Type Court Ac                            | tion Defendan   | UNDER INFLU/BAC 0.08<br>t Plea No Plea Entered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
|   | *TEXT           | Statute 625 5/11-501(a)(1) (<br>Sentence 02/27/2007  | Class A Orig.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | No Fine & Cost .00 Signed                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Clerk CC7                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | 40.TT           |                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE<br>SEALED | 02/27/2007                                           |                 | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |
|   |                 | GUILTY PLEA FILED                                    | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   | *TEXT           | P                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Reporter NONE PRESENT<br>Clerk CC7                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 63.03.000a                                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE<br>SEALED | 02/27/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |
|   |                 | JDP ORIGINAL FILED                                   | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   | *TEXT           | Reporter NONE PRESENT                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Clerk CC7                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           | A 11 15 7 7     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | SEALED          | 04/21/2007                                           |                 | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |
|   |                 | JDP SENT TO SOS                                      | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   | *TEXT           | Reporter NONE PRESENT                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Clerk CC7                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           | *******         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | SEALED          |                                                      |                 | **Lucas, Richard<br>CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MICROFILM NUMBER |
|   |                 | LETTER FROM EMPLOYE                                  | RFILED          | CONVERGION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|   | *TEXT           | Reporter NONE PRESENT                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Clerk CC7                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *DATE           | 02/27/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Management       |
|   | SEALED          |                                                      | CODE            | CONVERSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MICROFILM NUMBER |
|   |                 | PETITION FOR JDP FILED                               | 27,778          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   | *TEXT           | Reporter NONE PRESENT                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 | Clerk CC7                                            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
|   |                 |                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| - |                 | 02/27/2007                                           | *IIIDGE         | ##T man Di 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |
|   |                 | 02/27/2007                                           | *JUDGE          | **Lucas, Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MICROFILM NUMBER |

CODE CONVERSION PLEA OF GUILTY W/ ATTORNEY PLEA OF GUILTY WATTORNEY
People of the State of Illinois present by Assistant State's
Attorney, CITY ATTORNEY. Defendant appears with Atty Sewell.
Charges read, rights and possible penalties explained. Defendant
pleads guilty to 07DT70. Jury warved, no judgment of conviction
entered. Defendant sentenced to 12 mts CTSV, VIP, Counseling,
F&C=51,914.00. Apply any bond. Petition to rescing SSS is
widrawn, Petition for IDP is beard and granted.
COURT SUPPERVISION 02/27/2008 5 00 pm Rm C \*TEXT Reporter NONE PRESENT Clerk CC7 \*DATE 02/22/2007 \*JUDGE \*\*No Judge MICROFILM NUMBER SEALED CODE CONVERSION MOTION FOR DISCOVERY Filed \*TEXT Clerk WBW \*DATE 02/22/2007 \*JUDGE \*\*No Judge MICROFILM NUMBER SEALED CODE CONVERSION REQUEST FOR HEARING TO RESCIND SUMMARY SUSPENSION OR FOR ISSUANCE OF \*TEXT JUDICIAL DRIVING PERMIT Filed Clerk ACP \*DATE 02/13/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION ARRAIGNMENT-PLEA OF NOT GUILTY W/ATTORNEY-NOTICE GIVEN ARGARIVANIENT-FLEA OF NOT GOILLTY WIATTORNEY-NOTICE City of Rockford present by ACA, Angela Hammer. Defendant appears with Atty Sewell. Defendant waives arraignment and enters a plea of not guilty. On defendants motion case is continued for SSS. Notice gaven. STAT SUMMRY SUSPENSN 02/27/2007 1 30 pm Rm 215 Reporter NONE PRESENT Clerk CC7 \*DATE 02/02/2007 \*JUDGE \*\*Kennedy, J. Todd MICROFILM NUMBER SEALED CODE CONVERSION \*TEXT DRUG AND ALCOHOL EVAL FILED \*DATE 01/26/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION CONFIRMATION OF STATUTORY SUMMARY SUSPENSION RECEIVED \*TEXT Clerk KAF \*DATE 01/22/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION APPEARANCE OF ATTORNEY Filed \*TEXT Clerk ACP \*DATE 01/19/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION WARNING TO MOTORIST FILED. \*TEXT Clerk BG \*DATE 01/16/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION Bond Type Bond On Companion Case Bail .00 \*TFXT ARRAIGNMENT 02/13/2007 9 00 am Rm 215 Clerk GA \*DATE 01/16/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION Bond Type Cash 10% Deposit Bond Bail 100.00 Bond 1,000.00 ARRAIGNMENT 02/13/2007 9 00 am Rm 215 \*TEXT Clerk EB \*DATE 01/16/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION Complaint 01 Count 001 DRVG UNDER INFLU OF ALCOHOL Statute 625 5/11-501(a)(2) Class A Orig.
\*TEXT Agency ROCKFORD Ticket# 876335 Clerk EB \*DATE 01/16/2007 \*JUDGE \*\*Lucas, Richard MICROFILM NUMBER SEALED CODE CONVERSION Complaint 02 Count 002 DRVG UNDER INFLU/BAC 0.08

SEALED

| *TEXT  | Agency ROCKFOR       | D licket# 8/0000 |                  |                  |
|--------|----------------------|------------------|------------------|------------------|
|        | Clerk GA             |                  |                  |                  |
| *DATE  | 01/16/2007           | *JUDGE           | **Lucas, Richard | MICROFILM NUMBER |
| SEALED |                      | CODE             | CONVERSION       |                  |
| *TEXT  | From bond Bond on    | companion case   |                  |                  |
| *DATE  | 01/16/2007           | *JUDGE           | **Lucas, Richard | MICROFILM NUMBER |
| SEALED |                      | CODE             | CONVERSION       |                  |
|        | warning to motorist: | mot filed        |                  |                  |
| *TEXT  |                      |                  |                  |                  |
|        | Clerk GA             |                  |                  |                  |



# Insurance Report

Jim Doyle Governor



Sean Dilweg Commissioner of Insurance



**Business of** 

# Wisconsin

# Insurance Report

Jim Doyle Governor

Sean Dilweg Commissioner of Insurance

**Business** of

Our Mission...

# Leading the way in informing and protecting the public and responding to their insurance needs

#### Secretaries of State\*

#### Ex Officio Commissioners of Insurance

| Name Residence      |                        | Term<br>From                            |                    |  |
|---------------------|------------------------|-----------------------------------------|--------------------|--|
| T. WILL             | Residence              | From                                    | To                 |  |
| Llewelyn Breese     | Prairie du Chien       | January 3, 1870                         | January 5, 1874    |  |
| Peter Doyle         | Prairie du Chien       | January 5, 1874                         | January 7, 1878    |  |
| Hans B. Warner      | Ellsworth              | January 7, 1878                         | April 1, 1878      |  |
|                     |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.pin 1, 1070      |  |
|                     | Commissioners of Insu  | rance                                   |                    |  |
| Philip L. Spooner   | Madison                | A:1 1 1070                              | 7                  |  |
| Philip Cheek, Jr.   | Baraboo                | April 1, 1878                           | January 3, 1887    |  |
| Wilbur M. Root      |                        | January 3, 1887                         | January 5, 1891    |  |
| William A. Fricke   | Sheboygan<br>Milwaukee | January 5, 1891                         | January 7, 1895    |  |
| Emil Giljohann      | Milwaukee              | January 7, 1895                         | October 15, 1898   |  |
| Zeno M. Host        | Milwaukee              | October 15, 1898                        | January 5, 1903    |  |
| George E. Beedle    | Embarrass              | January 5, 1903                         | January 1, 1907    |  |
| Herman L. Ekern     | Whitehall              | January 7, 1907                         | January 2, 1911    |  |
| M. J. Cleary        |                        | January 2, 1911                         | July 1, 1915       |  |
| Plat Whitman        | Blanchardville         | July 1, 1915                            | April 10, 1919     |  |
| W. Stanley Smith    | Highland<br>Ashland    | April 10, 1919                          | July 17, 1923      |  |
| Olaf H. Johnson     | Gratiot                | July 17, 1923                           | June 2, 1926       |  |
| M.A. Freedy         | Wauwatosa              | June 2, 1926                            | January 10, 1927   |  |
| H. J. Mortensen     | New Lisbon             | January 10, 1927                        | July 1, 1931       |  |
| Morvin Duel         |                        | July 1, 1931                            | October 1, 1939    |  |
| J. L. Sonderegger   | Fond du Lac            | October 1, 1939                         | August 8, 1948     |  |
| John R. Lange       | Madison                | October 1, 1948                         | December 1, 1948   |  |
| Alfred Van DeZande  | Madison                | December 1, 1948                        | July 15, 1955      |  |
| Paul J. Rogan       | Campbellsport          | July 15, 1955                           | November 1, 1955   |  |
| Charles Manson      | Ladysmith<br>Wausau    | November 1, 1955                        | July 2, 1959       |  |
| Robert D. Haase     | Marinette              | July 2, 1959                            | September 15, 1965 |  |
| S. C. DuRose        | Madison                | September 15, 1965                      | September 7, 1969  |  |
| Harold R. Wilde     | Madison                | October 1, 1969                         | April 8, 1975      |  |
| Susan M. Mitchell   | Madison                | April 8, 1975                           | March 18, 1979     |  |
| Ann J. Haney        | Madison                | March 19, 1979                          | July 31, 1982      |  |
| Thomas P. Fox       | Madison                | August 1, 1982                          | February 28, 1983  |  |
| Robert D. Haase     | Marinette              | March 1, 1983                           | April 27, 1987     |  |
| Josephine W. Musser | Madison                | April 28, 1987                          | December 31, 1992  |  |
| Randy Blumer        | Madison                | March 8, 1993                           | January 2, 1998    |  |
| Connie L. O'Connell | Sun Prairie            | January 6, 1998                         | January 2, 1999    |  |
| Jorge Gomez         | Milwaukee              | January 4, 1999                         | January 6, 2003    |  |
| Sean Dilweg         | Madison                | February 17, 2003                       | December 18, 2006  |  |
| Dan Dilweg          | Madison                | January 1, 2007                         |                    |  |

<sup>\*</sup>By chapter 56, section 32, General Laws of 1870, the Secretary of State was Commissioner of Insurance ex officio until 1878. The Office of the Commissioner of Insurance was made elective in 1881. In 1911 the office was made appointive instead of elective.



### State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor Sean Dilweg, Commissioner

Wisconsin.gov

125 South Webster Street • P.O. Box 7873 Madison, Wisconsin 53707-7873 Phone: (608) 266-3585 • Fax: (608) 266-9935 E-Mail: oclinformation@wisconsin.gov Web Address: oci.wi.gov

The Honorable Jim Doyle Governor, State of Wisconsin 115 E. State Capitol Madison, WI 53702

Dear Governor Doyle:

I am pleased to submit the 140th Wisconsin Insurance Report covering 2008.

Wisconsin's tradition of sound regulation, combined with strong consumer protections, continued over the past year. Highlights of the Office of the Commissioner of Insurance's (OCI) accomplishments and innovations are as follows:

| Examined more than 50 domestic insurers' financial statements and market conduct practices.                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Worked with the National Association of Insurance Commissioners (NAIC) on regulatory issues related to financial guaranty insurers.                                                                                                                                                                                                                                                                 |
| Continued close monitoring of the impact of the economic downturn on Wisconsin's domestic insurers. Working with other states, we effectively addressed insurer financial reporting requirements.                                                                                                                                                                                                   |
| Worked with the NAIC to develop a white paper on climate change. At the urging of OCI and other states, the NAIC adopted the Climate Change Disclosure Survey to collect substantive information about the risks posed by climate change to insurers and what actions the insurers have taken in response to those risks. This is the first mandatory climate disclosure required by any regulator. |
| Adoption of administrative rules to implement the Long-Term Care Insurance Partnership Program in Wisconsin. The rules describe training requirements for agents and companies who wish to market Partnership plans.                                                                                                                                                                                |
| Joined the Interstate Insurance Product Regulation Commission (IIPRC).                                                                                                                                                                                                                                                                                                                              |
| Sincerely,                                                                                                                                                                                                                                                                                                                                                                                          |

Sean Dilweg Commissioner

#### Introduction

Every individual and business in Wisconsin depends upon insurance. Whether it is auto, home, life, commercial, or health, insurance plays an important role in people's lives. The Office of the Commissioner of Insurance (OCI) was created by the legislature in 1870 and vested with broad powers to ensure that the insurance industry meets the insurance needs of Wisconsin citizens responsibly and adequately.

The importance of fair, effective, and timely regulation of the insurance industry offers OCI a special challenge in meeting its public mission of leading the way in informing and protecting the public and responding to their insurance needs.

The major functions of the office include:

- Evaluating insurance policies that are sold in Wisconsin to determine if they meet the requirements of Wisconsin's laws.
- Conducting financial examinations of domestic and foreign insurers to assure compliance with Wisconsin regulations and rules.
- Monitoring the financial status of licensed companies and applicant companies to provide early warning of financial difficulty.
- Issuing licenses to companies, agents, brokers, surplus lines brokers, managing general agents, reinsurance brokers and managers, and organizations including employee benefit plan administrators.
- Examining and analyzing rates filed by insurance companies to determine if they are excessive, inadequate, or unfairly discriminatory.
- Investigating and processing consumer complaints against agents and insurance companies and attempting to bring the matter to a fair and reasonable conclusion.

- Researching special insurance problems through data collection and analysis and publishing conclusions and recommendations in special reports.
- Developing legislation and promulgating administrative rules that ensure a strong insurance market through proactive policy and skillful enforcement.
- Investigating and pursuing administrative actions against agents and insurers who violate Wisconsin insurance laws and regulations. Penalties include suspension or revocation of licenses and fines.
- Conducting a comprehensive program of consumer education and public information to educate consumers about insurance through public speaking and distribution of information booklets and comparison guides.
- Operating a state life insurance fund, a property fund for the property owned by local units of government, and a patients compensation fund insuring health care providers for medical malpractice.

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#### Billie Jo CasaDecalvo

1616 Stonepine Bay, Hudson, WI 54016

Has had her insurance license revoked and was ordered to never reapply for an insurance intermediary license. This action was based on allegations of failing to remit premiums for property and casualty insurance products between January 2006 and October 2007, misrepresenting and falsifying insurance coverage for additional cargo coverage, and misrepresenting and falsifying insurance coverage for auto insurance documents. September 2008

### Crystal J. Chapman

2511 Caddy Ln., Joliet, IL 60435

Has had her application for an insurance license denied. This action was based on allegations of failing to respond promptly to inquiries from OCI and failing to disclose administrative actions taken by the states of Colorado and Illinois on an insurance license application. January 2008

#### Geana Monet Christian

3904 N. 77th St., Milwaukee, WI 53222

Has had her insurance license revoked. This action was based on allegations of failing to pay Wisconsin delinquent taxes due. August 2008

#### Lissa M. Clem

6724 23rd Ave. Apt. Upper, Kenosha, WI 53143

Has had her insurance license revoked. This action was based on allegations of failing to pay Wisconsin delinquent taxes due. April 2008

## Graham McMurray Clement

5938 Flambeau Rd., Rancho Palos Verdes, CA 90275

Has had his application for an insurance license denied. This action was based on allegations of failing to respond promptly to inquiries from OCI and failing to disclose an administrative action taken by the state of Nevada on an insurance license application. November 2008

## David M. Cleveland

1830 Lake Breeze Rd., Oshkosh, WI 54904

Has had his application for an insurance license denied. This action was based on allegations of failing to respond promptly to inquiries from OCI and a criminal conviction which may be substantially related to insurance marketing type conduct. August 2008

### David D. Coenen

4524 N. Marshall Heights Ave., Appleton, WI 54913 Was ordered to pay a forfeiture of \$25,000.00, to undergo

five years of supervision regarding annuity sales, to submit yearly reports to OCI, and to facilitate restitution

to consumers. These actions were based on allegations of making unsuitable sales of insurance products to consumers and making false and misleading statements regarding insurance contracts. January 2008

#### Joel E. Cole

616 Peters Dr., Waukesha, WI 53188

Has had his insurance license revoked. This action was based on allegations of failing to pay Wisconsin delinquent taxes due. May 2008

#### Lisa A. Coleman

3020 17th Ave. Ct. W. #A, Gig Harbor, WA 98335

Has had her application for an insurance license denied. This action was based on allegations of failing to respond promptly to inquiries from OCI and failing to disclose an administrative action taken by the state of Washington on an insurance license application. January 2008

#### Reuben Edward Collier

2411 N. Jackson, Waukegan, IL 60087

Has had his insurance license revoked. This action was based on allegations of failing to pay Wisconsin delinquent taxes due. October 2008

#### Owen G. Costanza

199 Edson St., Poplar Grove, IL 61065

Has had his license denied for 31 days. This action was based on allegations of failing to disclose previous criminal convictions on an insurance license application and failing to disclose a company termination for allegations of misconduct. November 2008

#### James W. Crystal

875 Park Ave. #7B, New York, NY 10021

Has had his application for an insurance license denied. This action was based on allegations of failing to respond promptly to inquiries from OCI and an administrative action taken by another state. July 2008

### Mark R. Cummisford

6980 S. Crane Dr., Oak Creek, WI 53154

Has had his license denied for 31 days. This action was based on allegations of failing to disclose an administrative action taken by the state of Wisconsin, Department of Regulation and Licensing, Real Estate Examining Board, on an insurance license application. September 2008

### Sean Richard Dahl

907 S. Comanche Ln., Waukesha, WI 53188

Paid a forfeiture of \$250.00, was ordered to respond truthfully to all inquiries from OCI, and has had his license denied for 30 days. This action was based on allegations

| STATE OF INDIANA                           | )<br>) SS: | BEFORE THE INDIANA                  |  |
|--------------------------------------------|------------|-------------------------------------|--|
| COUNTY OF MARION                           | )          | COMMISSIONER OF INSURANCE           |  |
|                                            |            | CAUSE NUMBER: 9384-AG10-0831-135    |  |
| IN THE MATTER OF:                          |            |                                     |  |
| Owen Costanza<br>Agent / Respondent        |            |                                     |  |
| 199 Edson Street<br>Poplar Grove, IL 61065 |            | SEP 21 2010                         |  |
| Type of Agency Action: Enforcem            | ent        | STATE OF INDIANA DEPT. OF INSURANCE |  |
| Indiana Insurance License No : 47          | 5043       | ,                                   |  |

## 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 215t day of Summer 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

| STATE OF INDIANA                  | )<br>) SS: | BEFORE THE IND            | IANA               |
|-----------------------------------|------------|---------------------------|--------------------|
| COUNTY OF MARION                  | )          | COMMISSIONER OF INSURANCE |                    |
|                                   |            | CAUSE NUMBER:             | 9384-AG10-0831-135 |
| IN THE MATTER OF:                 |            |                           |                    |
| Owen Costanza                     |            | )                         |                    |
| Agent / Respondent                |            | )                         |                    |
| 199 Edson Street                  | •3         | )                         |                    |
| Poplar Grove, IL 61065            |            | ) SE                      | P 21 2010          |
| Type of Agency Action: Enforcem   | nent       | ) STAT                    | E OF INDIANA       |
| Indiana Insurance License No.: 42 | 25943      | ) 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:

- The Commissioner has jurisdiction over the subject matter of, and the parties to, this Agreed Entry.
- This Agreed Entry is executed voluntarily by the parties without the presence of any duress, coercion, or undue influence.
- Respondent voluntarily and freely waives his right to a public hearing on the issues in the above captioned matter.
- Respondent voluntarily and freely waives his right to petition for judicial review of this agreement and the Commissioner's Final Order.
- 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.
- The Department agrees to accept Respondent's compliance with the terms of this
  agreement as full resolution of this matter.

- Respondent has carefully read and examined this agreement and fully understands its 9. 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

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 f                       | irst duly sworn by me upon his |
| oath, states that the facts alleged in the for           | regoing instrument are true.                    | Signed and sealed this 10      |
| day of SEPTEMBER 2010.                                   |                                                 |                                |
|                                                          | Notary Signature  PAHARVEY  Notary Name Printed |                                |
| My Commission expires: $9.14.10$                         | <u> </u>                                        |                                |
| County of Residence: BOONE                               |                                                 |                                |
| D. D. L. L. L. D. L. |                                                 |                                |

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

## RMS Service Group, Inc. 911 E. Touhy Ave. Suite 200 Des Plaines, IL 60018

January 27, 2011

EXHIBIT

Via E-mail at owencostanza@msn.com Via E-mail at owen@rmsinsuranceservices.com Via Federal Express

Owen Costanza 199 Edison St. Poplar Grove, IL 61065

Re: Letter of Termination

Dear Mr. Costanza:

This letter is being written to inform you that effective immediately your employment with RMS Service Group, Inc. is terminated.

It has come to our attention that you have altered access to the Applied Systems TAM application, access to our phone systems and changed company passwords at our insurance company data bases. You have also opened an unauthorized business account at Poplar Grove State Bank. In addition, it has come to our attention that you have conducted a mass deletion of e-mails without permission or authorization.

These actions have all been done following being confronted on January 15, 2011 with unauthorized disbursements made to you and on your behalf from the Premium Fund Trust account maintained at National City Bank (n/k/a PNC Bank). In addition, you were asked to explain several transactions in which it appears that you accepted premium payments from customers and failed to remit said premiums to insurance companies for the issuance of insurance policies. You were also confronted with and asked to explain altered customer premiums that did not reconcile with insurance policies issued to said customers.

Finally, it has come to our attention that you formed RMS Insurance Services, Inc. on January 16, 2011. The Illinois Secretary of State's website lists you as the registered agent with an address at RMS Service Group, Inc. office in Poplar Grove, Illinois. Please be advised that RMS Service Group, Inc. will take any and all actions available to it under the Illinois Trade Secrets Act to make sure that you are held personally liable for any misappropriation of confidential information or trade secrets from it.

Owen Costanza Page 2 January 27, 2011



You are no longer permitted to enter the premises of the company unless escorted by Rashid Sindhu.

Very truly yours,

RMS SERVICE GROUP, INC.

By: Rashid Sindhu, President

cc: David J. Schwab



IN THE MATTER OF THE REVOCATION OF LICENSING AUTHORITY OF:

RMS SERVICE GROUP, INC. d/b/a/Alliance Insurance Agency

And

OWEN G. COSTANZA

HEARING NO. 14-HR-0482

**EXHIBIT** 

## ORDER OF DISMISSAL

WHEREAS, on April 3, 2014, an Order of Revocation was issued by the former Director of Insurance, Andrew Boron ("Director"), to Owen Costanza ("Respondent") and RMS Service Group Inc., d/b/a/Alliance Insurance agency ("RMS") (collectively, "Respondents"), revoking the Illinois insurance producer license of the Respondent and business entity license of RMS;

WHEREAS, on June 20, 2014, pursuant to Ms. Gabriella Moretti of Ziccardi Law Offices request for a hearing on behalf of the Respondents, a Notice of Hearing was issued by the Director setting an original hearing date of August 27, 2014;

WHEREAS, on July 17, 2014, the Respondents submitted a Motion for Continuance;

WHEREAS, on August 12, 2014, an Order was issued by the appointed Hearing Officer continuing this matter generally;

WHEREAS, on February 20, 2015, the Respondents and the Acting Director of Insurance, James A. Stephens, entered into a Stipulation and Consent Order (attached) for purposes of resolving all matters pertaining to the previously issued Order of Revocation;

WHEREAS, the Acting Director of Insurance being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that Hearing No. 14-HR-0482 is dismissed.

DEPARTMENT OF INSURANCE STATE OF ILLINOIS

DATE: March 4, 2015

ames A. Stephens

Acting Director of Insurance



IN THE MATTER OF: THE REVOCATION OF LICENSING AUTHORITY OF:

RMS Service Group, Inc. d/b/a Alliance Insurance Agency 13532 Julie Drive Poplar Grove, IL 61065

And

14-HR-0482

Owen G. Costanza 199 Edson Street Poplar Grove, IL 61065

## STIPULATION AND CONSENT ORDER

WHEREAS, Owen Costanza (Licensee), is a licensed producer in the State of Illinois and RMS Service Group, Inc. d/b/a Alliance Insurance Agency (Business Entity) was a licensed business entity in the State of Illinois; and

WHEREAS, the Licensee and Business Entity are aware that Section 5/500-70(e) [215 ILCS 5/500-70(e)] states the following: "The Director has the authority to enforce the provisions of and impose any penalty or remedy authorized by this Article against any person who is under investigation for or charged with a violation of this Code or rules even if the person's license or registration has been surrendered or has lapsed by operation of law;" and

WHEREAS, the Licensee and Business Entity are aware of the actions, steps and remedies which the Director of Insurance is authorized to take under Section 5/500-70 of the Illinois Insurance Code (215 ILCS 5/500-70); and

WHEREAS, the Licensee and Business Entity are advised that the Department of Insurance has caused an investigation to be commenced to determine whether or not such causes and conditions exist as would authorize the Director of Insurance to take such actions and steps or pursue such remedies as are

l

provided in Section 5/500-70 of the Illinois Insurance Code; and

WHEREAS, the Licensee and Business Entity are aware of and understand the nature of this investigation and the charges and their various rights in connection therewith, including the right to counsel, notice, hearing and appeal under Section 5/500-70 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Licensee and Business Entity, for the purpose of resolving all matters raised by the investigation without the necessity of an administrative hearing, enters into this Stipulation and Consent Order.

NOW THEREFORE, IT IS AGREED by and between the Licensee and Business Entity and the Director of Insurance as follows:

- To waive the Notice and Hearing as required under Section 5/500-70 of the Illinois Insurance Code.
- II. To stipulate that the Director of Insurance alleges the following:
  - A. A fiduciary review revealed that for the time period of August 31, 2010 through January 14, 2011, the Business Entity and Licensee's PFTA was deficient in respect to those premium monies under examination on 117 days during that time period. The review pertained to premiums collected from 17 consumers.

During the 117 days in which the PFTA was deficient, the deficiency differences ranged from \$200.14 to \$24,574.16 with an average of \$15,240.35.

- B. From August 2, 2010 through October 21, 2010, the Business Entity and Licensee collected insurance premiums from three (3) consumers but failed to forward the premiums to the insurer within the required timeframe.
- C. The examination revealed the Business Entity and Licensee failed to return four (4) return premiums to insureds within 15 days of receipt from the insurer or other licensee.

On those four (4) occasions, the Business Entity and Licensee failed to obtain written authorization from the insured to hold credit balances.

- Of the four (4) return premiums not returned timely, the average return premium was \$611.32. Furthermore, the Business Entity and Licensee held the four (4) return premiums for an average of 301 days.
- D. During March 2010, the Business Entity and Licensee made unlawful withdrawals that totaled \$9,400.00 from the PFTA, \$10,733.97 from the Main Account and \$16,385.66 from the Operating Account, all held at National City Bank.
- E. On September 22, 2010, the Business Entity and Licensee deposited

\$365.83 received from a consumer for a homeowner's insurance policy. On September 27, 2010, \$196.40 was paid to the insurer. The remainder of \$169.43 was not repaid to the consumer until October 5, 2011.

- F. During the course of the examination the examiner reviewed 13 consumer files for service fees. Nine (9) of the thirteen (13) files revealed the consumers were being charged a service fee and all nine (9) files had no Service Fee Agreements and six (6) of the nine (9) had no invoices sent to the consumer informing them of the service fee.
- G. During February 2009, the Business Entity and Licensee deposited premium monies totaling \$1,011.00 and paid premiums totaling \$1,535.50 from the Main Account. During July 2009, the Business Entity and Licensee deposited premium monies totaling \$2,242.00 into the Main Account, \$3,283.88 into the Operating Account and paid premiums totaling \$5,838.17 from the Main Account. During March 2010, the Business Entity and Licensee deposited premium monies totaling \$1,756.17 into the Operating Account and paid premiums totaling \$567.00 from the Main Account. During July 2010, the Business Entity and Licensee paid premiums totaling \$76.00 from the Main Account.
- H. The check register provided by the Business Entity and Licensee did not include positive running balances after each deposit or disbursement entry.

From May 31, 2008 through February 28, 2011, the Business Entity and Licensee's bank accounts held at National City/PNC Bank had a combined negative balance on thirty-two (32) separate dates.

- I. The Business Entity and Licensee maintained a Bond in the amount of \$2,500.00 from 2008 through 2011. The Business Entity and Licensee brokered \$146,831.00 in 2010 indicating the minimum amount of the bond for calendar year 2011 should have been \$7,342.00.
- J. In 2008, the State of Wisconsin denied the Business Entity and Licensee's application for failing to disclose previous criminal convictions on an insurance license application and failing to disclose a company termination for allegations of misconduct.

In 2010, the State of Indiana filed an Agreed Entry with a \$1,500 civil penalty against the Licensee for failing to disclose prior criminal convictions, having a judgment withheld or deferred, pending criminal investigation, or being named as a party in administrative proceedings regarding a professional or occupational license or registration on their application.

- K. The Business Entity and Licensee answered "No" to question #2 when asked about their involvement in an administrative proceeding regarding a professional or occupational license or registration, regarding whether administrative action was taken by another State on their 2010 and 2012 application renewals for a license.
- L. The Business Entity and Licensee's PFTA bank statement with National City Bank/PNC have the account labeled: "DBA Alliance Insurance." An Illinois Casualty Direct Bill Statement was issued to "Alliance Insurance Agency." Premiums sent in by consumers are written to "Alliance Insurance Agency." Alliance Insurance Agency is not licensed as a business entity to transact insurance business with the State of Illinois in violation of Section 5/500-30(c) of the Illinois Insurance Code (215 ILCS 5/500-30(c)) nor does the license issued for the Business Entity include the DBA Alliance Insurance Agency in violation of Section 5/500-55 of the Illinois Insurance Code (215 ILCS 5/500-55)).
- M. The Business Entity and Licensee provided the Department examiner with a Check Register Report which did not have all checks issued listed and was not accurate as to actual checks issued with the correct check number.
- N. The Business Entity and Licensee did not provide the Department examiner with a listing of deposits or monies received. Although some deposits of premium monies had been entered into their Applied computer system, it was not done on a consistent or complete basis. Deposit slips did not have the name of the consumer or payee listed.
- O. The Business Entity and Licensee did not prepare and maintain bank reconciliations for any of the bank accounts for the time period from June 1, 2008 through January 31, 2011.
- P. The Business Entity and Licensee have a PFTA held at National City Bank which was changed to PNC Bank. The Business Entity and Licensee's PFTAs were labeled "Premium Trust Account" on the bank statements and the checks. The Business Entity and Licensee's bank statements through January, 2011 were labeled "Premium Trust Account." Check #1314 written on September 9, 2010 on the Business Entity and Licensee's National City Bank account #986631529, has "Premium Fund Trust Account" on the face of the check.
- III. The Licensee and Business Entity does consent to entry of the following Order based upon the above stipulations.

NOW THEREFORE, IT IS HEREBY ORDERED by the undersigned Director of Insurance, Department of Insurance, pursuant to Section 5/500-70 of the Illinois Insurance Code that Licensee and

## **Business Entity:**

- Shall voluntarily agree to the revocation of the Business Entity license of RMS Service Group, Inc., d/b/a Alliance Insurance Agency.
- 2. Shall pay a civil penalty in the amount of \$30,000.00 to the Director of the Illinois Department of Insurance. The payment of the civil penalty shall be as follows: \$10,000.00 is due to the Director of the Illinois Department of Insurance within 15 days of the date of this Order and the remainder (\$20,000.00) is due to the Director of the Illinois Department of Insurance within one year of the date of this Order to be paid in monthly installments directly to the Illinois Department of Insurance, Attention: Cathy Suhling, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767.
- 3. Shall not violate any sections of the Illinois Insurance Code or Title 50 of the Illinois Administrative Code.

This Stipulation and Consent Order supersedes the Order of Revocation dated April 3, 2014. Hearing No. 14-HR-0482 shall be dismissed based upon the entry of this Stipulation and Consent Order.

A material violation of the above Stipulation & Consent Order, including failure to comply with the monthly payments of the civil penalty, shall subject the Licensee to further administrative action pursuant to Section 5/407.2 of the Illinois Insurance Code (215 ILCS 5/407.2).

Nothing contained herein shall prohibit the Director of Insurance from taking any and all appropriate action should the Licensee violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Title 50 of the Illinois Administrative Code.

Owen G. Costanza, Licensee and as representative of RMS Service Group, Inc., Business Entity

Date: 2/18/15

State of Illinois
)
SS
County of Winnerago
)

Subscribed and sworn to, before me, this  $\frac{8}{8}$  day of

Feb, 2015

Notary Public

Date: 3/20/15

DEPARTMENT OF INSURANCE of the State of Illinois;

Lephons lams

James A. Stephens Acting Director

# CERTICATE OF SERVICE

| I HEREBY CERTIFY that on                                                                          | , 20 . , I caused a true and correct co<br>the Attorneys of Record or Parties to the ab | py<br>ove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RMS Service Group, Inc.<br>d/b/a Alliance Ins.Agency<br>13532 Julie Dr.<br>Poplar Grove, Il 61065 | first class mail certified mail # 850/ hand delivery electronic mail via facsimile      | , J. 800 ().                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Owen G. Costanza<br>199 Ed:ison St.<br>Poplar Grove, Il 61065                                     | first class mail certified mail # 8538 hand delivery electronic mail via facsimile      | ****** ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Gabriella Moretti<br>Ziccardi Law Offices<br>77 W. Washington St., Ste. 705<br>Chicago, Il 60602  | first class mail certified mail # 55-45 hand delivery electronic mail via facsimile     | in the section of the |

Mary Ann Lelys

Administrative Assistant



IN THE MATTER OF THE REVOCATION OF LICENSING AUTHORITY OF:

RMS SERVICE GROUP, INC. d/b/a/Alliance Insurance Agency

And

OWEN G. COSTANZA

HEARING NO. 14-HR-0482



## ORDER OF DISMISSAL

WHEREAS, on April 3, 2014, an Order of Revocation was issued by the former Director of Insurance, Andrew Boron ("Director"), to Owen Costanza ("Respondent") and RMS Service Group Inc., d/b/a/Alliance Insurance agency ("RMS") (collectively, "Respondents"), revoking the Illinois insurance producer license of the Respondent and business entity license of RMS:

WHEREAS, on June 20, 2014, pursuant to Ms. Gabriella Moretti of Ziccardi Law Offices request for a hearing on behalf of the Respondents, a Notice of Hearing was issued by the Director setting an original hearing date of August 27, 2014;

WHEREAS, on July 17, 2014, the Respondents submitted a Motion for Continuance;

WHEREAS, on August 12, 2014, an Order was issued by the appointed Hearing Officer continuing this matter generally;

WHEREAS, on February 20, 2015, the Respondents and the Acting Director of Insurance, James A. Stephens, entered into a Stipulation and Consent Order (attached) for purposes of resolving all matters pertaining to the previously issued Order of Revocation;

WHEREAS, the Acting Director of Insurance being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that Hearing No. 14-HR-0482 is dismissed.

DEPARTMENT OF INSURANCE STATE OF ILLINOIS

DATE: March 4, 2015

Acting Director of Insurance



IN THE MATTER OF: THE REVOCATION OF LICENSING AUTHORITY OF:

RMS Service Group, Inc. d/b/a Alliance Insurance Agency 13532 Julie Drive Poplar Grove, IL 61065

And 14-HR-0482

Owen G. Costanza 199 Edson Street Poplar Grove, IL 61065

## STIPULATION AND CONSENT ORDER

WHEREAS, Owen Costanza (Licensee), is a licensed producer in the State of Illinois and RMS Service Group, Inc. d/b/a Alliance Insurance Agency (Business Entity) was a licensed business entity in the State of Illinois; and

WHEREAS, the Licensee and Business Entity are aware that Section 5/500-70(e) [215 ILCS 5/500-70(e)] states the following: "The Director has the authority to enforce the provisions of and impose any penalty or remedy authorized by this Article against any person who is under investigation for or charged with a violation of this Code or rules even if the person's license or registration has been surrendered or has lapsed by operation of law;" and

WHEREAS, the Licensee and Business Entity are aware of the actions, steps and remedies which the Director of Insurance is authorized to take under Section 5/500-70 of the Illinois Insurance Code (215 ILCS 5/500-70); and

WHEREAS, the Licensee and Business Entity are advised that the Department of Insurance has caused an investigation to be commenced to determine whether or not such causes and conditions exist as would authorize the Director of Insurance to take such actions and steps or pursue such remedies as are

provided in Section 5/500-70 of the Illinois Insurance Code; and

WHEREAS, the Licensee and Business Entity are aware of and understand the nature of this investigation and the charges and their various rights in connection therewith, including the right to counsel, notice, hearing and appeal under Section 5/500-70 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Licensee and Business Entity, for the purpose of resolving all matters raised by the investigation without the necessity of an administrative hearing, enters into this Stipulation and Consent Order.

NOW THEREFORE, IT IS AGREED by and between the Licensee and Business Entity and the Director of Insurance as follows:

- To waive the Notice and Hearing as required under Section 5/500-70 of the Illinois Insurance Code.
- II. To stipulate that the Director of Insurance alleges the following:
  - A. A fiduciary review revealed that for the time period of August 31, 2010 through January 14, 2011, the Business Entity and Licensee's PFTA was deficient in respect to those premium monies under examination on 117 days during that time period. The review pertained to premiums collected from 17 consumers.

During the 117 days in which the PFTA was deficient, the deficiency differences ranged from \$200.14 to \$24,574.16 with an average of \$15,240.35.

- B. From August 2, 2010 through October 21, 2010, the Business Entity and Licensee collected insurance premiums from three (3) consumers but failed to forward the premiums to the insurer within the required timeframe.
- C. The examination revealed the Business Entity and Licensee failed to return four (4) return premiums to insureds within 15 days of receipt from the insurer or other licensee.

On those four (4) occasions, the Business Entity and Licensee failed to obtain written authorization from the insured to hold credit balances.

Of the four (4) return premiums not returned timely, the average return premium was \$611.32. Furthermore, the Business Entity and Licensee held the four (4) return premiums for an average of 301 days.

- D. During March 2010, the Business Entity and Licensee made unlawful withdrawals that totaled \$9,400.00 from the PFTA, \$10,733.97 from the Main Account and \$16,385.66 from the Operating Account, all held at National City Bank.
- E. On September 22, 2010, the Business Entity and Licensee deposited

\$365.83 received from a consumer for a homeowner's insurance policy. On September 27, 2010, \$196.40 was paid to the insurer. The remainder of \$169.43 was not repaid to the consumer until October 5, 2011.

- F. During the course of the examination the examiner reviewed 13 consumer files for service fees. Nine (9) of the thirteen (13) files revealed the consumers were being charged a service fee and all nine (9) files had no Service Fee Agreements and six (6) of the nine (9) had no invoices sent to the consumer informing them of the service fee.
- G. During February 2009, the Business Entity and Licensee deposited premium monies totaling \$1,011.00 and paid premiums totaling \$1,535.50 from the Main Account. During July 2009, the Business Entity and Licensee deposited premium monies totaling \$2,242.00 into the Main Account, \$3,283.88 into the Operating Account and paid premiums totaling \$5,838.17 from the Main Account. During March 2010, the Business Entity and Licensee deposited premium monies totaling \$1,756.17 into the Operating Account and paid premiums totaling \$567.00 from the Main Account. During July 2010, the Business Entity and Licensee paid premiums totaling \$76.00 from the Main Account.
- H. The check register provided by the Business Entity and Licensee did not include positive running balances after each deposit or disbursement entry.

From May 31, 2008 through February 28, 2011, the Business Entity and Licensee's bank accounts held at National City/PNC Bank had a combined negative balance on thirty-two (32) separate dates.

- I. The Business Entity and Licensee maintained a Bond in the amount of \$2,500.00 from 2008 through 2011. The Business Entity and Licensee brokered \$146,831.00 in 2010 indicating the minimum amount of the bond for calendar year 2011 should have been \$7,342.00.
- J. In 2008, the State of Wisconsin denied the Business Entity and Licensee's application for failing to disclose previous criminal convictions on an insurance license application and failing to disclose a company termination for allegations of misconduct.

In 2010, the State of Indiana filed an Agreed Entry with a \$1,500 civil penalty against the Licensee for failing to disclose prior criminal convictions, having a judgment withheld or deferred, pending criminal investigation, or being named as a party in administrative proceedings regarding a professional or occupational license or registration on their application.

- K. The Business Entity and Licensee answered "No" to question #2 when asked about their involvement in an administrative proceeding regarding a professional or occupational license or registration, regarding whether administrative action was taken by another State on their 2010 and 2012 application renewals for a license.
- L. The Business Entity and Licensee's PFTA bank statement with National City Bank/PNC have the account labeled: "DBA Alliance Insurance." An Illinois Casualty Direct Bill Statement was issued to "Alliance Insurance Agency." Premiums sent in by consumers are written to "Alliance Insurance Agency." Alliance Insurance Agency is not licensed as a business entity to transact insurance business with the State of Illinois in violation of Section 5/500-30(c) of the Illinois Insurance Code (215 ILCS 5/500-30(c)) nor does the license issued for the Business Entity include the DBA Alliance Insurance Agency in violation of Section 5/500-55 of the Illinois Insurance Code (215 ILCS 5/500-55)).
- M. The Business Entity and Licensee provided the Department examiner with a Check Register Report which did not have all checks issued listed and was not accurate as to actual checks issued with the correct check number.
- N. The Business Entity and Licensee did not provide the Department examiner with a listing of deposits or monies received. Although some deposits of premium monies had been entered into their Applied computer system, it was not done on a consistent or complete basis. Deposit slips did not have the name of the consumer or payee listed.
- O. The Business Entity and Licensee did not prepare and maintain bank reconciliations for any of the bank accounts for the time period from June 1, 2008 through January 31, 2011.
- P. The Business Entity and Licensee have a PFTA held at National City Bank which was changed to PNC Bank. The Business Entity and Licensee's PFTAs were labeled "Premium Trust Account" on the bank statements and the checks. The Business Entity and Licensee's bank statements through January, 2011 were labeled "Premium Trust Account." Check #1314 written on September 9, 2010 on the Business Entity and Licensee's National City Bank account #986631529, has "Premium Fund Trust Account" on the face of the check.
- III. The Licensee and Business Entity does consent to entry of the following Order based upon the above stipulations.

NOW THEREFORE, IT IS HEREBY ORDERED by the undersigned Director of Insurance, Department of Insurance, pursuant to Section 5/500-70 of the Illinois Insurance Code that Licensee and

## Business Entity:

- 1. Shall voluntarily agree to the revocation of the Business Entity license of RMS Service Group, Inc., d/b/a Alliance Insurance Agency.
- 2. Shall pay a civil penalty in the amount of \$30,000.00 to the Director of the Illinois Department of Insurance. The payment of the civil penalty shall be as follows: \$10,000.00 is due to the Director of the Illinois Department of Insurance within 15 days of the date of this Order and the remainder (\$20,000.00) is due to the Director of the Illinois Department of Insurance within one year of the date of this Order to be paid in monthly installments directly to the Illinois Department of Insurance, Attention: Cathy Suhling, 320 West Washington Street, 4th Floor, Springfield, Illinois 62767.
- 3. Shall not violate any sections of the Illinois Insurance Code or Title 50 of the Illinois Administrative Code.

This Stipulation and Consent Order supersedes the Order of Revocation dated April 3, 2014. Hearing No. 14-HR-0482 shall be dismissed based upon the entry of this Stipulation and Consent Order.

A material violation of the above Stipulation & Consent Order, including failure to comply with the monthly payments of the civil penalty, shall subject the Licensee to further administrative action pursuant to Section 5/407.2 of the Illinois Insurance Code (215 ILCS 5/407.2).

Nothing contained herein shall prohibit the Director of Insurance from taking any and all appropriate action should the Licensee violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Title 50 of the Illinois Administrative Code.

Owen G. Costanza, Licensee and as representative of RMS Service Group, Inc., Business Entity

Date:2/18/15

State of Illinois
)
SS
County of Winnewago
)

Subscribed and sworn to, before me, this \( \lambda \mathbb{S} \) day of

Feb, 2015

Notary Public

OFFICIAL SEAL
CARRIE PETERSEN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPRES-01/14/18

DEPARTMENT OF INSURANCE of the State of Illinois;

James A. Stephens Acting Director

## CERTICATE OF SERVICE

| of the foregoing instrument to be served.                                                         | 20. , I caused a true and correct of                                                 | сору                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| captioned matter, by the designated mea                                                           | upon the Attorneys of Record or Parties to the a                                     | bove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| RMS Service Group, Inc.<br>d/b/a Alliance Ins.Agency<br>13532 Julie Dr.<br>Poplar Grove, Il 61065 | first class mailcertified mail #\$52 hand deliveryelectronic mailvia facsimile       | ू , जिलाही.<br>—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Owen G. Costanza<br>199 Edison St.<br>Poplar Grove, Il 61065                                      | first class mail certified mail # 8538 hand delivery electronic mail via facsimile   | S 427 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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Mary Ann Lelys

Administrative Assistant