BEFORE THE IOWA INSURANCE COMMISSIONER

IN THE MATTER OF

AGREEMENT, ORDER AND CONSENT TO ORDER

SHAWN M. MASK

National Producer License No.: 233741

DIVISION FILE NO.: 71123

The Iowa Insurance Division ("Division") alleges that Shawn M. Mask has engaged in activities that are in violation of Iowa Code Chapters 507B and 522B (2011) and Iowa Administrative Code 191—Chapters 10 and 15. To resolve the Division's allegations, Mask hereby agrees and consents to the entry of this Agreement, Order and Consent to Order.

AGREEMENT

- 1. Parties. The Commissioner of Insurance, Susan E. Voss, enforces the Insurance Trade Practices in Iowa Code Chapter 507B (2011) and the Licensing of Insurance Producers in Iowa Code chapter 522B (2011), and the rules promulgated thereto as codified in chapters 10 and 15 of the Iowa Administrative Rules, pursuant to Iowa Code § 505.8 (2011). Shawn M. Mask ("Mask") admits that the Iowa Insurance Division has personal jurisdiction over Mask and has subject matter jurisdiction over the matters stated herein; and that Mask has engaged in acts and/or practices within the State of Iowa constituting violations of Iowa Code Chapters 507B and 522B and chapters 10 and 15 of the Iowa Administrative Rules.
- Cease and Desist. Mask shall cease and desist from further violations of lowa Code
 Chapters 507B and 522B and chapters 10 and 15 of the lowa Administrative Rules.
- License Revocation. Mask agrees to immediate revocation of all insurance licenses
 Mask holds with the State of Iowa.

4. **Civil Penalty and Costs.** Mask agrees to pay a civil penalty of \$1,000 and costs of \$250. The \$1,000 and \$250 checks are due upon Mask's signing of this Order and Agreement and to be transmitted with Mask's original signature of this Order and Agreement.

Other Understandings. Mask acknowledges the following:

a. Nothing contained in this Order shall be construed to deprive any person or entity

of any private right of action under any law.

b. The lowa Insurance Division reserves its right to take administrative action for any violation of the lowa insurance or securities statutes and/or regulations unknown to the

Division at the date of the signing of this Order and Agreement.

c. Nothing contained in this Order shall be construed to limit the authority of the

Division to enforce laws, regulations, or rules against Mask in the future.

ORDER

THEREFORE, IT IS ORDERED: Mask shall cease and desist from further violations of Iowa Code Chapters 507B and 522B and Iowa Administrative Code 191—chapters 10 and 15, any and all insurance licenses held by Shawn M. Mask with the State of Iowa are immediately revoked, and Mask shall pay a civil penalty of \$1,000 and costs of \$250.

DATED this day of July, 2011.

IOWA INSURANCE DIVISION

by Robert Koppin

Enforcement Bureau Chief lowa Insurance Division

330 Maple Street

Des Moines, IA 50319

CONSENT TO ORDER AND AGREEMENT

I, Shawn M. Mask, have read, understand, and do knowingly enter into this Agreement and consent to this Order in its entirety. I will abide by the terms of this Order without admitting or denying the allegations. By executing this consent, I understand that I am waiving my rights to a hearing, to confront and cross-examine witnesses, to produce evidence, and to judicial review. I also understand that the Agreement and Order are considered final administrative action that shall be reported by the Division to the Central Registration Depository and, if I am insurance licensed, to the National Association of Insurance Commissioners and to all insurance companies with which I am actively appointed. I also understand that this Order is a public record under Iowa Code Chapter 22 (2011), that will be disclosed to other state regulatory authorities, upon request, pursuant to Iowa Code § 505.8(8)(d) (2011). I also understand that the information contained in the Agreement, Order and my consent will be posted to the Division's web site.

DATED this $5^{\frac{1}{2}}$ day of $3^{\frac{1}{2}}$, 2011.	
Shawn M. Mask	
Subscribed and sworn before me by	
Subscribed and sworn before me by on this _5 day	of
<u>Suly</u> , 2011.	



Notary Public

Original Filed with:

Iowa Insurance Division 330 Maple Street Des Moines, Iowa 50319

Copy to:

Shawn M. Mask 5759 Remington Rd. N Bettendorf, IA 52722 smask1@live.com

SENT VIA USPS FIRST CLASS MAIL AND ELECTRONIC MAIL

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing instrument was served as indicated on the Story day of

___, 2011.

Christina Hazelbaker