



## Louisiana Department of Insurance

### Producer Licensing

P.O. Box 94214  
Baton Rouge, LA 70804-9214

Phone: (225) 342-0860 Fax: (225) 342-3754

## Producer History Report

Coulon, Timothy Paul (328960)

Run: 10/30/2012 09:01:47 AM

Trade Name: N/A  
License Number: 328960  
License Type: Individual Producer  
Status: Active  
Residency: Resident

Authority	Issue Date	Valid Through
Accident and Health	7/29/2005	12/31/2012
Life	7/29/2005	12/31/2012

Coulon, Timothy Paul  
2116 Hyde Park Ave  
Harvey, LA 70058

#### License History

Date	Comment
11/24/2009	A birth month renewal for this license was approved on 11/23/2009 at 10:27 AM.
1/24/2006	License Renewal Application For Life 2008 Was Processed And Accepted.
1/23/2006	License Renewal Application For Life 2008 Received In Doi Agent Licensing
1/17/2006	License Renewal Application For Life 2008 Received In Doi Statistics

#### Affiliations

Name	Position	% Owner	Start Date	End Date
Coulon Consultants LLC	Manager LLC	50	11/14/2006	
Lagniappe Industries LLC	Producer	0	10/27/2005	

#### Appointments

Name	Company #	Authority	Issued	Expires	Status
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA	11360	Life Health and Accident	05/01/2012	04/30/2013	Active
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	7360	Life Health and Accident	05/01/2012	04/30/2013	Active
HMO LOUISIANA, INC.	7535	Life Health and Accident	05/01/2012	04/30/2013	Active
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY	8670	Life Health and Accident	05/01/2012	04/30/2013	Active
SOUTHERN NATIONAL LIFE INSURANCE COMPANY, INC.	60009	Life Health and Accident	05/01/2012	04/30/2013	Active
Union Security Insurance Company	13120	Life Health and Accident	05/01/2012	04/30/2013	Active

**LOUISIANA DEPARTMENT OF INSURANCE**  
 APPLICATION FOR INDIVIDUAL RESIDENT OR NON-RESIDENT  
 INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

PROC EXP JUL 1 2 '05

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Application for licenses not requiring an exam and non-resident applications must be mailed directly to this Department.

Check appropriate box for license requested.

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

C

① Soc. Security Number [REDACTED]		② If assigned, National Producer Number (NPN) N/A	
③ If applicable, NPN Individual Central Registration Depository (CRD) Number N/A		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
⑤ Last Name Coulon JR/SR etc.		⑥ First Name Timothy	⑦ Middle Name Paul
⑧ Date of Birth (month) 12 (day) 5 (year) 47			
⑨ Residence/Home Address (Physical Street) 2116 Hyde Park Ave.		⑩ P.O. Box	⑪ City Harvey
⑫ State LA	⑬ Zip Code 70058	⑭ Foreign Country	
⑮ Home Phone Number 504 366-1318		⑯ Gender (Circle One) Male	⑰ Are you a Citizen of the United States? (Check One) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)
⑱ Business Entity Name N/A			
⑲ Business Address (Physical Street) N/A		⑳ P.O. Box	㉑ City
㉒ State	㉓ Zip Code	㉔ Foreign Country	
㉕ Business Phone Number N/A	㉖ Business Fax Number N/A	㉗ Business E-Mail Address N/A	㉘ Business Web Site Address N/A
㉙ Applicant's Mailing Address 2116 Hyde Park Ave		㉚ P.O. Box	㉛ City Harvey
㉜ State LA	㉝ Zip Code 70058	㉞ Foreign Country	
㉟ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business. N/A			
<b>Agency or Business Entity Affiliations</b>			
㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)			
FEIN	NPN	Name of Agency	
N/A			
FEIN	NPN	Name of Agency	
FEIN	NPN	Name of Agency	
<b>Employment History</b>			
㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.			
Name	From	To	Position Held
Adams Reese	Month Year	Month Year	
City	State	Foreign Country	
New Orleans	LA		Governmental Relations Representative
Name	From	To	Position Held
Jefferson Parish	Month Year	Month Year	
City	State	Foreign Country	
Jefferson	LA		Parish President
Name	From	To	Position Held
City	State	Foreign Country	
Name	From	To	Position Held
City	State	Foreign Country	

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 AUG 24 2005  
 ASSESSMENT AND DATA  
 COMMISSIONER OF INSURANCE

**RECEIVED**  
 AUG 25 2005  
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 AGENT LICENSING Page 1 of 4

FOR DEPARTMENT OF INSURANCE USE ONLY	
Classification Number	073577
Date Processed	
Initials	
License Number	
Issue Date	7-27-05

75-00

**LOUISIANA DEPARTMENT OF INSURANCE**  
 APPLICATION FOR INDIVIDUAL RESIDENT OR NON-RESIDENT  
 INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Place an X by the license type for which you are applying	
<input checked="" type="checkbox"/> Producer	Surplus Lines Broker (Code S)

Place an X by one			
<input checked="" type="checkbox"/> Resident License	Non-resident License	Temporary License	Amended License

Major Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
Life	A	Yes	\$75	April 30 <sup>th</sup> Even Years	
Health & Accident	B	Yes	\$75	April 30 <sup>th</sup> Even Years	
<input checked="" type="checkbox"/> Life Health & Accident	C	Yes	\$75	April 30 <sup>th</sup> Even Years	
Property	J	Yes	\$75	April 30 <sup>th</sup> Odd Years	
Casualty	K	Yes	\$75	April 30 <sup>th</sup> Odd Years	
Property & Casualty	LM	Yes	\$75	April 30 <sup>th</sup> Odd Years	
Personal Lines	W	Yes	\$75	April 30 <sup>th</sup> Odd Years	
Variable Contracts	Z	No	\$75	April 30 <sup>th</sup> Every Year	

Credit Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Credit Life	E	No	\$75	April 30 <sup>th</sup> Even Years
Credit Health & Accident	F	No	\$75	April 30 <sup>th</sup> Even Years
Credit Life Health & Accident	EF	No	\$75	April 30 <sup>th</sup> Even Years
Credit Property	R	No	\$75	April 30 <sup>th</sup> Odd Years

Limited Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Industrial Fire	O	Yes	\$75	April 30 <sup>th</sup> Odd Years
Bail Bond	P+	Yes	\$75	April 30 <sup>th</sup> Odd Years
Vehicle Physical Damage	M	Yes	\$75	April 30 <sup>th</sup> Odd Years
Fidelity & Surety	P	Yes	\$75	April 30 <sup>th</sup> Odd Years
Title	N	Yes	\$75	April 30 <sup>th</sup> Odd Years
Auto Club Service	X	No	\$75	April 30 <sup>th</sup> Every Year
Industrial Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Home Service	H	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Travel	I	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Baggage	Q	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Odd Years

Licensing fees are nonrefundable and nontransferable.

Regardless of the date of issue, all life, health & accident licenses expire on April 30<sup>th</sup> of the even numbered years and all property & casualty licenses expire on April 30<sup>th</sup> of the odd numbered years.

To avoid having to renew this license, I wish to have my license issued for May 1<sup>st</sup>, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1<sup>st</sup>.

Non-residents only. If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB. License Type \_\_\_\_\_

**Background Information**

68 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No

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AUG 24 2005 9 73 577  
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COMMISSIONER OF INSURANCE

Applicants Certification and Attestation

39 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

July 3 2005  
Month Day Year

Timothy Paul Coulson  
Original Applicant Signature  
Timothy Paul Coulson  
Full Legal Name (Printed or Typed)

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.licenseregistry.com](http://www.licenseregistry.com)).

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COMMISSIONER OF INSURANCE

**Louisiana Department of Insurance  
License Authorization Needed**

Report Printed: 07/29/2005

CANDIDATE INFORMATION				
SSN	Name	DOB	Day Phone	Fax
	COULON, TIMOTHY PAUL	12/05/1947	(504)432-7871	( ) -
Address			City	State Zipcode
Mailing	2116 HYDE PARK AVE		HARVEY	LA 70058
Business	2116 HYDE PARK AVE		HARVEY	LA 70058
Resident	2116 HYDE PARK AVE		HARVEY	LA 70058
E-Mail				
Web Address				

APPLICATION INFORMATION							
RIRS Verified	License Number	Dup	App Date	Line	Class	Type	
	328960		07/12/2005	P	N	AB	

SPONSOR INFORMATION	

SCHOOL INFORMATION	
NUMBER	SCHOOL NAME
171	DONALDSON EDUCATIONAL SERVICES INC

EXAM INFORMATION			
EXAM	REG DATE	EXAM DATE	SCORE
1403	07/12/05	07/28/05	84

# DONALDSON

## Educational Services

P.O. Box 8767, Metairie, LA 70011

New Orleans (504) 456-1785

Statewide Toll Free 1-800-257-2741

### PRE-LICENSE CERTIFICATION

This is to certify that the following person has satisfactorily completed the required classroom instruction in the area of:

LIFE \_\_\_\_\_ PROPERTY \_\_\_\_\_  
HEALTH & ACCIDENT \_\_\_\_\_ CASUALTY \_\_\_\_\_  
LIFE, HEALTH & ACCIDENT  PROPERTY & CASUALTY \_\_\_\_\_

Name of Applicant: TIMOTHY PAUL COULON

Address: 2116 Hyde PARK Ave, HARVEY LA 70058

Name of Certified School: DONALDSON EDUCATIONAL SERVICES

This course was completed on: 6/18/05

Classes were held at the following times and dates:

(Month, Date, Year)	(Hours Attended)	
<u>6/11</u>	<u>8</u>	
<u>6/12</u>	<u>8</u>	
<u>6/17</u>	<u>8</u>	
<u>6/18</u>	<u>8</u>	
		<u>171</u>

Pre-License Provider Number

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Louisiana Department of Insurance.

Timothy P Coulon  
(signature of student)

JOHN W. RICHTER  
(name of instructor) Print

\_\_\_\_\_  
(social security number)

203446  
(License # of instructor)

6/18/05  
(date signed)

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AUG 01 2005  
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[Signature]  
(signature of instructor)

6-18-05  
(date signed)

Any of the above information not completed will be returned for completion along with the student's application.

THIS CERTIFICATE VALID ONLY WITH INSTRUCTOR'S SIGNATURE AND SCHOOL SEAL

**FILING DATE:** 2/17/2006

**Any application postmarked after the filing date must include a \$50.00 late fee.**

**If the licensee has changed addresses without notifying this Department you must include an invalid address fine of \$50.00**

**COMMISSIONER OF INSURANCE**  
P.O. BOX 94214  
BATON ROUGE, LA 70804-9214

**RENEWAL APPLICATION**

**PLEASE READ THE FREQUENTLY ASKED QUESTIONS BEFORE COMPLETING THIS FORM**

Please make check or money order payable to the Louisiana Department of Insurance.

License Type	Fees
Producer	\$50.00
ADD: Late Fee (if applicable)	
Invalid Address Fee (if applicable)	
<b>TOTAL</b>	<b>\$50.00</b>

**PART 1 LICENSE INFORMATION**  
**VERIFY AND PROCEED TO PART 2 IF INCORRECT OR MISSING**

<b>LICENSEE NAME:</b> TIMOTHY PAUL COULON	<b>BUSINESS PHONE:</b> 504-432-7871
<b>TRADE NAME(S):</b>	<b>FAX NUMBER:</b> Provide info 504-368-9166
<b>E-MAIL ADDRESS:</b> Provide info tpcoulon@cox.net	<b>WEBSITE ADDRESS:</b> Provide info - N/A
<b>DATE OF BIRTH:</b> 12/06/1947	<b>DATE OF INCORPORATION OR PARTNERSHIP:</b> N/A
<b>LICENSE #:</b> 328980	<b>LICENSE TYPE:</b> Producer
<b>RESIDENT/DOMICILE STATUS:</b> Resident	<b>LINES OF AUTHORITY:</b> Life - C
<b>MAILING ADDRESS:</b> 2116 HYDE PARK AVE HARVEY LA 70068	<b>RESIDENT/DOMICILE STREET ADDRESS:</b> 2116 HYDE PARK AVE HARVEY LA 70068
<b>BUSINESS STREET ADDRESS:</b> 2116 HYDE PARK AVE HARVEY LA 70068	<b>SURPLUS LINES RECORD LOCATION (STREET ADDRESS):</b> N/A

**PART 2 CHANGES AND CORRECTIONS**  
**COMPLETE IF INFORMATION ABOVE IS INCORRECT OR MISSING**

<b>LICENSEE NAME:</b>	<b>BUSINESS PHONE:</b>
<b>TRADE NAME(S):</b>	<b>FAX NUMBER:</b>
<b>E-MAIL ADDRESS:</b>	<b>WEBSITE ADDRESS:</b>
<b>MAILING ADDRESS:</b>	<b>RESIDENT/DOMICILE STREET ADDRESS:</b>
	<b>BUSINESS STREET ADDRESS:</b>
	<b>SURPLUS LINES RECORD LOCATION (STREET ADDRESS):</b>

LSR22-1137G REQUIRES THAT ALL ADDRESS CHANGES BE REPORTED TO THE DEPARTMENT WITHIN TEN DAYS OF THE ALTERATION. FAILURE TO DO SO WILL RESULT IN A \$50 INVALID ADDRESS PENALTY. IF YOU INDICATED AN ADDRESS CHANGE ABOVE, DID THE CHANGE OCCUR MORE THAN 10 DAYS PRIOR TO RECEIPT OF THIS RENEWAL?  YES  NO

If yes, and you have not previously notified this Department of the change, you must include an invalid address fine of \$50.00 in addition to all other fees.

**NEW INFORMATION**

The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

<b>RECEIVED</b> JAN 17 2006 ASSESSMENT AND DATA MGMT. COMMISSIONER OF INSURANCE	Agmt Licensing Only	<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>	
		Classification Number	974933
		Postmark Date	1/14/06
		Date Initial Review Completed	1-23-06-23
		Date Processed and Accepted	1/24/06
		Initials	V H





**PART 3**

**BACKGROUND INFORMATION  
ALL QUESTIONS MUST BE ANSWERED**

**FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN ADMINISTRATIVE ACTION AGAINST YOUR LICENSE**

1.) Since your last renewal, have you been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A  Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A  Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:  
(a) a written statement explaining the circumstances of each incident,  
(b) a certified copy of the charging document, and  
(c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2.) Since your last renewal, have you or any business in which you are or were an owner, partner, officer or director been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No

"Involved" means having a license censured, suspended, revoked, cancelled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.  
"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:  
(a) written statement identifying the type of license and explaining the circumstances of each incident,  
(b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and  
(c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3.) Since your last renewal, have you had a child support obligation in arrearage? Yes \_\_\_ No

If you answer yes to Question 3, by how many months are you in arrearage? \_\_\_\_\_ Months

4.) Since your last renewal, have you been the subject of a child support related subpoena or warrant? Yes \_\_\_ No

**PART 4**

**APPLICANT CERTIFICATION  
MUST BE SIGNED AND DATED**

I, the Undersigned, attest to fact that I have executed and read this application; that to the best of my knowledge and belief the statements made in the application and in any attachments are true and correct.

I, the Undersigned, further certify that I understand that filing or submitting false information or false representation of material fact is a criminal violation of LSA-R.S.14:133 and an administrative violation of R.S.22:1142(A)(2).

Timothy Paul Coulon  
Printed Name of licensed applicant or  
licensed member (partner, officer, director, stockholder or employee) of firm

Timothy Paul Coulon  
Signature of licensed individual applicant or  
licensed member (partner, officer, director, stockholder or employee) of firm

\_\_\_\_\_  
License Number of Signing Officer if  
renewal is for partnership or corporation

January 14, 2006  
Date Signed

ASSESSMENT AND DATA MGMT.  
COMMISSIONER OF INSURANCE  
JAN 17 2006

**APPLICATION MUST BE SENT THROUGH THE U.S. POSTAL SERVICE**

RETURN ADDRESS

*Tim P. Anderson*  
*2116 Maple Park Ave*  
*Bossier LA 70020*



JAN 17 2006

COMMISSIONER OF INSURANCE  
P.O. BOX 94214  
BATON ROUGE, LA 70804-9214

COMMISSIONER OF INSURANCE  
MAIL ROOM

IMPORTANT RENEWAL APPLICATION  
PRODUCER LICENSING DIVISION





**Louisiana Department of Insurance**

**Producer Licensing**

P.O. Box 94214  
Baton Rouge, LA 70804-9214

Phone: (225) 342-0860 Fax: (225) 342-3754

**Individual Producer Report**

Submitted: 05/01/2008

Coulon, Timothy Paul

Resident Life Health and Accident License

**Line(s) of Authority:**

Accident and Health  
Life

Coulon, Timothy Paul  
2116 Hyde Park Ave  
Harvey, LA 70058

**Question 1**

Since the last renewal or initial application in this state, have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

No

**Question 1a**

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?

**Question 1b**

If so, was that waiver granted?

**Question 2**

Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration?

No

**Question 3**

Since the last renewal or initial application in this state, do you have a child support obligation in arrearage?

No

**Question 3a**

By how many months are you in arrearage?

**Question 3b**

Are you currently subject to a repayment agreement?

**Question 3c**

Are you the subject of a child support related subpoena/warrant?

**License #** 328960  
**Tax ID**  
**Amount Paid** \$50.00  
**Date Paid** 11/06/2007

FILING DATE: 12/31/2009

COMMISSIONER OF INSURANCE  
P.O. BOX 94214  
BATON ROUGE, LA 70804-9214

Please make check or money order payable to the Louisiana Department of Insurance.

Any application postmarked after the filing date must include a \$50.00 late fee.

If the licensee has changed addresses without notifying this Department you must include an invalid address fine of \$50.00

**RENEWAL APPLICATION**

PLEASE READ THE FREQUENTLY ASKED QUESTIONS BEFORE COMPLETING THIS FORM

License Type	Fees
Producer	\$50.00
ADD:	
Late Fee (if applicable)	
Invalid Address Fee (if	
TOTAL	

**PART 1 LICENSE INFORMATION**  
VERIFY AND PROCEED TO PART 2 IF INCORRECT OR MISSING

LICENSEE NAME:	Timothy Paul Coulon			BUSINESS PHONE:	(504) 432-7871		
TRADE NAME(S):				FAX NUMBER:			
E-MAIL ADDRESS:	tpcoulon@cox.net		WEBSITE ADDRESS:				
DATE OF BIRTH:	12/5/1947		DATE OF INCORPORATION OR PARTNERSHIP:				
LICENSE #:	328960	LICENSE TYPE:	Individual Producer	LINES OF AUTHORITY:	AB	CE HOURS:	8
RESIDENT/DOMICILE STATUS:	R	SOCIAL SECURITY OR IRS EMPLOYER # :					
MAILING ADDRESS:	RESIDENT/DOMICILE STREET ADDRESS:	BUSINESS STREET ADDRESS:		SURPLUS LINES RECORD LOCATION (STREET ADDRESS):			
2116 Hyde Park Ave Harvey, LA 70058 Jefferson	2116 Hyde Park Ave Harvey, LA 70058 Jefferson	2116 Hyde Park Ave Harvey, LA 70058 Jefferson					

**PART 2 CHANGES AND CORRECTIONS**  
COMPLETE IF INFORMATION ABOVE IS INCORRECT OR MISSING

LICENSEE NAME:				BUSINESS PHONE:		
TRADE NAME(S):				FAX NUMBER:		
E-MAIL ADDRESS:			WEBSITE ADDRESS:			
MAILING ADDRESS:	RESIDENT/DOMICILE STREET ADDRESS:	BUSINESS STREET ADDRESS:		SURPLUS LINES RECORD LOCATION (STREET ADDRESS):		

LRS22:1137G REQUIRES THAT ALL PRODUCER ADDRESS CHANGES BE REPORTED TO THE DEPARTMENT WITHIN TEN DAYS OF THE ALTERATION AND LRS22:1210.81C REQUIRES THAT ALL ADJUSTER ADDRESS CHANGES BE REPORTED TO THE DEPARTMENT WITHIN THIRTY DAYS OF THE ALTERATION. FAILURE TO DO SO WILL RESULT IN A \$50 INVALID ADDRESS PENALTY. IF YOU INDICATED AN ADDRESS CHANGE ABOVE, DID THE CHANGE OCCUR MORE THAN 10 DAYS IF YOU ARE A PRODUCER OR 30 DAYS IF YOU ARE AN ADJUSTER, PRIOR TO RECEIPT OF THIS RENEWAL?  YES  NO

If yes, and you have not previously notified this Department of the change, you must include an invalid address fine of \$50.00 in addition to all other fees.

**NEW INFORMATION**

The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

<p>RECEIVED</p> <p>NOV 1 / 2009</p> <p>ASSESSMENT AND DATA MGMT. COMMISSIONER OF INSURANCE</p>	Agent Licensing Only	FOR DEPARTMENT OF INSURANCE USE ONLY	
	RECEIVED	Classification Number	10016087
	NOV 18 2009	Postmark Date	11/16/09
	COMMISSIONER OF INSURANCE AGENT LICENSING	Date Initial Review Completed	
		Date Processed and Accepted	11/23/09
	Initials		

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**PART 3**

**BACKGROUND INFORMATION**

**ALL QUESTIONS MUST BE ANSWERED**

**FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN ADMINISTRATIVE ACTION AGAINST YOUR LICENSE**

1. Since the last renewal or initial application in this state, have you been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving or driving with a suspended or revoked license and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A  Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A  Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license.

“Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last home state renewal, do you have a child support obligation in arrearage? Yes \_\_\_ No

a) by how many months are you in arrearage? \_\_\_\_\_ Months

b) are you currently subject to a repayment agreement? Yes \_\_\_ No

c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No

RECEIVED

NOV 17 2009

ASSESSMENT AND DATA MGMT  
COMMISSIONER OF INSURANCE

RECEIVED 10016087

NOV 18 2009

COMMISSIONER OF INSURANCE  
AGENT LICENSING

APPLICATION CERTIFICATION

MUST BE SIGNED AND DATED

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this applications.
- 5.) I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6.) I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7.) I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Timothy Paul Caulon

Printed Name of license applicant or licensed member (partner, officer, director, stockholder or employee) of firm

Timothy Paul Caulon

Signature of license applicant or licensed member (partner, officer, director, stockholder or employee) of firm

328960

License Number of Signing Officer if renewal is for partnership or corporation

11/15/09

Date Signed

APPLICATION MUST BE SENT THROUGH THE U.S. POSTAL SERVICE

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COMMISSIONER OF INSURANCE AGENT LICENSING

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