In the Matter of the

***FINANCIAL INSTITUTIONS ACT,* RSBC 1996, c.141**
(the "Act")

and the

INSURANCE COUNCIL OF BRITISH COLUMBIA
("Council")

and

BALDEV SINGH BHULLAR
(the "Former Licensee")

ORDER

As Council made an intended decision on January 27, 2026, pursuant to sections 231 and 241.1 of the Act; and

As Council, in accordance with section 237 of the Act, provided the Former Licensee with written reasons and notice of the intended decision dated February 10, 2026; and

As the Former Licensee has not requested a hearing of Council's intended decision within the time period provided by the Act;

Under authority of sections 231 and 241.1 of the Act, Council orders that:

1) The Former Licensee is fined $8,000, to be paid by September 8, 2026;

2) The Former Licensee is required to complete the following courses, or equivalent courses as acceptable to Council, prior to being licensed in the future:

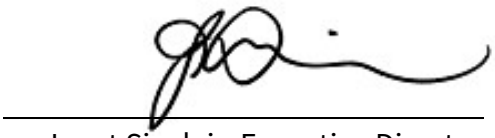
    i. The Challenge of Documenting Nothing course available through Advocis; and

    ii. Making Choices I, II & III: Ethics and Professional Responsibility in Practice courses available through Advocis
    (collectively, the "Courses");

3) The Former Licensee is assessed Council's investigation costs in the amount of $2,500, to be paid by September 8, 2026; and

4) Council will not consider an application for any insurance licence from the Former Licensee for a period of five years, commencing on March 11, 2026, and ending at midnight on March 10, 2031, and until the fine and investigation costs are paid in full and the Courses have been completed.

This order takes effect on the **11th day of March, 2026**



Janet Sinclair, Executive Director
Insurance Council of British Columbia

INTENDED DECISION

of the

INSURANCE COUNCIL OF BRITISH COLUMBIA
("Council")

respecting

BALDEV SINGH BHULLAR
(the "Former Licensee")

1. Pursuant to section 232 of the *Financial Institutions Act* (the "Act"), Council conducted an investigation to determine whether the Former Licensee acted in compliance with the requirements of the Act, Council Rules and Code of Conduct relating to allegations that the Former Licensee created fictitious clients to submit insurance policy applications to generate commissions.

2. On November 21, 2025, as part of Council's investigation, a Review Committee (the "Committee") comprised of Council members met via video conference to discuss the investigation and to allow the Former Licensee an opportunity to provide additional information or make further submissions. An investigation report prepared by Council staff was distributed to the Committee and the Former Licensee before the meeting. Although the Former Licensee was provided with advance notice of the November 21, 2025, meeting, the Former Licensee did not attend. Having reviewed the investigation materials and after discussing the matter, the Committee prepared a report for Council.

3. The Committee's report, along with the aforementioned investigation report was reviewed by Council at its January 27, 2026, meeting, where it was determined the matter should be disposed of in the manner set out below.

PROCESS

4. Pursuant to section 237 of the Act, Council must provide written notice to the Former Licensee of the action it intends to take under sections 231 and 241.1 of the Act before taking any such action. The Former Licensee may then accept Council's decision or, within 14 days, request a formal hearing. This intended decision operates as written notice of the action Council intends to take against the Former Licensee.

FACTS

5. The Former Licensee was licensed with Council as a Life and Accident & Sickness Insurance Agent ("Life Agent") from October 1, 2021, to August 1, 2025. The Former Licensee was authorized to represent an agency (the "Agency") from October 1, 2021, to September 11, 2024. On August 19, 2024, an insurer (the "Insurer") provided Council with a Life Agent Reporting Form stating that the Former Licensee created "fictitious clients" on insurance applications to generate commissions.

6. On August 7, 2024, the Insurer wrote to the Former Licensee advising that it had noted irregularities in the Former Licensee's business. The Insurer advised that its preliminary review suggested that the Former Licensee had submitted applications with incorrect, misleading and potentially false information relating to different clients. The Insurer notified the Former Licensee that it was suspending his advisor code pending the outcome of its investigation.

7. On August 8, 2024, the Insurer wrote to the Former Licensee noting that its investigation "revealed that all filed applications either lapsed after 60 days due to non-payment of premium or remain active with incorrect bank details and unpaid premiums" and that within the previous six months, nine of the policies written by the Former Licensee had resulted in failed premium retrievals, with financial institutions reporting "cannot trace, account closed or incorrect account number" messages. The Insurer requested that the Former Licensee provide, by August 15, 2024, a copy of any Financial Needs Analysis ("FNA"), Reason Why Letter, proof of each client's identity with a copy of their identification, and proof of banking information with the client's name.

8. When the Agency became aware of the Insurer's investigation and suspension of the Former Licensee's advisor code, the Agency wrote to the Former Licensee on August 14, 2024, requesting that all documents requested by the Insurer also be sent to the Agency by the due date. The Agency also requested that the Former Licensee confirm his relationship with RB, who was also a Life Agent at the Agency. During the same time frame, RB was also under investigation by the Insurer and the Agency for allegations that multiple filed insurance applications either lapsed due to non-payment or remained active with incorrect bank details and unpaid premiums.

9. On August 15, 2024, RB sent an email to the Agency and the Insurer stating that "clients first understand the benefits of whole life with dividends and then they cancel the policies" and advised that she had sent a cheque to the Agency for $80,000 (which was already cashed by the Agency) to cover the chargeback she had incurred from the Agency. RB also stated that she would cover the chargeback for the Former Licensee, her husband.

10. The Insurer terminated the Former Licensee's contract on August 19, 2024. In its termination letter, the Insurer stated that the Former Licensee had failed to provide any substantiating evidence to verify the existence of the clients to whom he had sold insurance products. The Insurer concluded that without any proof that these clients existed, the Former Licensee had fabricated client profiles solely to generate commissions.

11. The Agency wrote to the Former Licensee on August 22 and 23, 2024, requesting that the Former Licensee provide the applications, FNA, illustrations, disclosures, Reason Why Letter, meeting notes and delivery receipts for the nine policies in question by the Insurer.

12. The Insurer flagged 9 policies in its investigation, and all of the policies were either terminated for "bank refusal," "cannot trace account" or "account closed."

13. The Former Licensee emailed the Agency on August 27, 2024, stating that "I agree [RB] made a mistake and I am very sorry" and that "since we married we have worked very hard with honesty and this

is[sic] first mistake she made." The Former Licensee also stated that they were going to pay the Agency for the chargeback.

14. On September 4, 2024, Council's investigator emailed the Former Licensee advising him of Council's investigation into the matter and requesting that the Former Licensee provide his version of the events.

15. On September 11, 2024, the Agency terminated its contractual agreement with the Former Licensee following its investigation of the matter.

16. On September 12, 2024, the Agency advised the Former Licensee that he had a balance owing of $52,408.27 and that, "this balance could increase subject to any additional chargebacks and/or earn reversals processed in future cycles."

17. On September 19, 2024, RB sent an email to the Insurer, the Agency and Council's investigator in which she stated "I know that I am 100 percent in the wrong I take full responsibility of my actions, I was under so much financial stress and I made a wrong decision, never in my imagination thought that I will do any fraudulent act and I still don't have those intentions that's why I already returned $80,000 and I am willing to return the rest of the premium." RB also stated, "I understand I did something wrong please don't terminate my husband's [the Former Licensee] code, he had nothing to do with these transactions." The Insurer responded on September 20, 2024, advising that its decision remained the same.

18. On October 8, 2024, the Former Licensee sent an email to Council's investigator. He stated that he was "not aware of the activities [RB] was involved in" and that he has "done nothing unethical with any of [his] clients." Additionally, the Former Licensee stated that the situation has impacted his family and he would appreciate not having to describe the incident in more detail.

19. On October 15, 2024, the Insurer advised that all nine policies submitted by the Former Licensee resulted in commission chargebacks of $24,426.11.

20. On October 15, 2024, the Former Licensee was scheduled to attend an interview with the Council's investigator, but did not attend.

21. On October 21, 2024, the Former Licensee sent an email to Council's investigator responding to various questions. In response to a question asking if he had created client profiles to obtain commissions, he stated, "*I never created any client profile for commissions. There was a policy client cancel I send a email to [the Insurer] Also I sent an email to [the Agency] Do not pay me any commission on policies, the ones clients don't want to proceed on there [sic] insurance. [The Agency] still sent the commission. I send a email again to [the Agency] the commission you send those policy are cancelled. I don't have access to [the Agency] email.*"

22. The Former Licensee attended an interview with Council's investigator on November 15, 2024. The Former Licensee stated that he had followed the procedures for the nine client transactions in question. He denied that these clients were fictitious.

23. On December 2, 2024, the Insurer responded to Council's investigator's inquiries. The Insurer stated that all nine application forms submitted by the Former Licensee did not contain FNAs or identification documents.

24. The Former Licensee was unable to produce any documentation to substantiate the identities of the clients associated with the policies in question. Council's investigator contacted the Insurance Corporation of British Columbia ("ICBC") to verify the date of birth and driver's licence numbers of the nine clients named in the relevant policies to determine if the information in the insurance application matched ICBC's records.

25. On December 3, 2024, ICBC advised that none of the BC driver's licence numbers or BC identification cards listed on the insurance policy applications matched ICBC records or could be found in its system.

26. As of November 19, 2025, the Agency advised that the total amount owing by the Former Licensee was $100,114.23.

27. In June 2025, Council's investigator requested that the Former Licensee attend a Review Committee meeting on August 28, 2025; however, RB requested a date for her and her husband following September 2025, when their children would be back in school. The Review Committee date was scheduled for October 15, 2025. On October 14, 2025, legal counsel for RB requested an adjournment of the October 15, 2025, Review Committee date advising they had just been retained for the matter. The same day, the legal counsel advised that they had withdrawn from the case and were no longer representing RB. Council staff adjourned the October 15, 2025, Review Committee meeting, to allow the Former Licensee additional time to retain legal representation. The meeting was rescheduled to November 21, 2025. On November 21, 2025, the Former Licensee sent an email stating "I am sorry I am not able to attend [the] meeting." The Former Licensee was then invited to provide written submissions by November 28, 2025, as he was not attending the Review Committee meeting. No response or submissions have been received to date.

ANALYSIS

28. Council determined that on a balance of probabilities and based on the totality of the information and documentation within the investigation, the Former Licensee created fictitious clients to generate commissions for the nine transactions flagged. Council reviewed the information provided by ICBC regarding the policies in question and noted that none of the clients' driver's license numbers provided by the Former Licensee in the insurance applications matched ICBC's records. If the clients were legitimate, it would be expected that at least some of the identification numbers would match ICBC's official records. Council also noted that, in addition to such a high number of clients with incorrect identification, all nine policies in question also had banking issues, such as incorrect bank information, resulting in untraceable accounts or bank refusals leading to the termination of the insurance policies. None of the submissions provided by the Former Licensee explained the discrepancies in the clients' banking information and identification numbers. The Former Licensee was unable to provide any documentation to support that these clients were legitimate.

29. Initially in the investigation, the Former Licensee stated that he was not involved in his wife's actions and that he did not know why she created fictitious clients but then later stated that all the clients in question were legitimate. As the Former Licensee was the one who processed these nine transactions, the Former Licensee cannot simply attribute blame to his wife as the one responsible for creating fictitious applications. The Former Licensee is responsible for his client submissions, and if his wife had generated fictitious clients, as he stated, he should not have submitted these policies. Additionally, Council found that the Former Licensee's later submissions denying that clients were fictitious were not credible, given the contradictory statements he initially made when admitting his wife's involvement.

30. In light of Council's conclusion that the policies were fictitious and created solely to generate commissions, Council concluded that the Former Licensee did not act in a trustworthy manner and breached his duty of good faith to the Insurer. The Former Licensee made false declarations to an insurer by creating client information to submit policies to create commissions. Council found this conduct to be serious and a willful disregard of the Former Licensee's duties and obligations under the Act, Council Rules and Code of Conduct.

31. Additionally, Council found that the Former Licensee did not conduct his insurance business in accordance with usual industry practice, demonstrating a lack of competency. No documentation was submitted to the Insurer, and the Former Licensee had no documentation in his files. The Former Licensee did not complete any FNAs or was unable to produce any FNAs to support the product recommendations he made. If Council was to believe the Former Licensee's first admissions that his wife created the fictitious clients without his knowledge, this would call into question the Former Licensee's practices as he did not verify the identities of the nine clients in question.

32. Council considered the impact of Council Rule 7(8) and Council's Code of Conduct guidelines on the Licensee's conduct, including section 3 ("Trustworthiness"), section 4 ("Good Faith"), section 5 ("Competence") and section 8 ("Usual Practice: Dealing with Insurers"). Council concluded that the Former Licensee's conduct amounted to breaches of the above Code of Conduct sections and the professional standards set by the Code.

PRECEDENTS

33. Before making its decision in this matter, Council took into consideration the following precedent cases. While Council is not bound by precedent and each matter is decided on its own facts and merits, Council found that these decisions were instructive in providing a range of sanctions for similar types of misconduct.

34. Manpreet Kaur Brar (April 2023) concerned a life agent where the insurer noted significant lapses of policies due to insufficient payments from the bank accounts used to pay the premiums for multiple clients. As a result of the commission reversals associated with the terminated policies, the licensee was charged back $146,000. Council concluded that the licensee failed to engage in the usual practice of the business of insurance by selling insurance products that were not appropriate or suitable to the clients' needs. The substantial volume of commission reversals by the insurers demonstrated that a

large proportion of the insurance products sold by the licensee ultimately resulted in policy termination. Additionally, Council determined that the insurance products did not align with the clients' financial circumstances, given the high number of policies that lapsed due to non-payment. Council concluded that, given the high number of clients affected by the licensee's lack of competency, the licensee would pose a threat to the public if allowed to continue holding an insurance licence. Council ordered that the licensee's life agent licence be cancelled with no opportunity to apply for an insurance licence for two years.

35. Paul Brian Bradbeer (December 2018) an insurer's investigation concluded that the former licensee had submitted over 100 fictitious applications for life insurance certificates, accepted commissions for each of these fictitious applications, and then used part of the commissions he received to pay the monthly premiums. Approximately $650,000 in commissions was paid to the former licensee as a result of this fraud. Council ordered that the former licensee was unsuitable to hold an insurance licence, fined him $10,000, which was the maximum fine at the time, and assessed investigation costs of $1,000.

36. Virlie Aimendral Canlas (November 2020) in 2017, in response to financial problems, the former licensee began a scheme of convincing clients to obtain life insurance, even if they did not require coverage, with the agreement that he would pay their first-year premiums in full. He had also been conducting unlicensed securities activities with funds received from clients. 79 of the former licensee's clients terminated or lapsed their insurance policies between February 2017 and January 2019, which led to $258,940.93 in chargebacks. Council ordered that no insurance licence applications from the former licensee would be considered for five years; he was also assessed investigation costs of $1,500. Council considered fining the former licensee as well, as is usually done when a licensee perpetrates financially self-serving misconduct to the detriment of others. However, since the former licensee stated that he was currently attempting to repay clients who were financially harmed by his conduct, Council decided not to issue a fine, on the basis that such a fine might harm or delay the former licensee's attempts to repay his clients.

37. Umber (Amber) Zahra Gilani (February 2025) concerned a licensee who made 47 fraudulent insurance claims for health benefits. Council noted that the licensee made false statements to her former agency, the insurer and Council in the initial investigation of this matter. Council was troubled that the licensee not only made false insurance claims but that she had created falsified receipts to perpetuate the false claims. Council ordered that the licensee's licence be cancelled with no opportunity to reapply for five years and that the licensee be fined $7,500, assessed investigation costs, and be required to take an ethics course before being licensed in the future.

MITIGATING AND AGGRAVATING FACTORS

38. Council considered whether there were any mitigating and aggravating factors in this matter. Council found the ongoing nature of the misconduct and the number of policies processed to be an aggravating factor. Council also noted that the conduct was extremely egregious and potentially damaging to the insurance industry as a whole. Insurance companies would have likely incurred

administrative costs to issue these fictitious policies. There is also a risk that this particular policy may not be available in the future or only be available at a higher cost to the public given the misuse of the products and loss suffered by the Insurer. Additionally, the clients listed in the policies in question, if legitimate, may be prejudiced in the future when purchasing new insurance given the non-payment of these policies. Overall, Council identified several aggravating factors but did not find any mitigating factors.

CONCLUSIONS

39. After weighing all of the relevant considerations, Council found the Former Licensee to be in breach of the Council Rules and the Code of Conduct.

40. Council considered the Gilani case to be the most relevant precedent and made a determination that a five-year prohibition from the industry is warranted given the serious concerns relating to trustworthiness. As the Former Licensee's conduct resulted in significant commission reversals compared to the fraudulent insurance claims made in the Gilani case, Council concluded that a higher fine is appropriate, while still taking into consideration that the Former Licensee submitted nine fictitious insurance applications. As the Former Licensee is required to repay the Agency for the chargebacks, Council determined that it is appropriate to extend the time permitted for the Former Licensee to pay his fine and costs.

41. With respect to investigation costs, Council has concluded that these costs should be assessed to the Former Licensee. As a self-funded regulatory body, Council looks to licensees who have engaged in misconduct to bear the costs of their discipline proceedings, so that those costs are not otherwise borne by British Columbia's licensees in general. Council has not identified any reason for not applying this principle in the circumstances.

INTENDED DECISION

42. Pursuant to sections 231 and 241.1 of the Act, Council made an intended decision that:

    a. The Former Licensee be fined $8,000, to be paid within 180 days of Council's order;

    b. The Former Licensee be required to complete the following courses, or equivalent courses as acceptable to Council, prior to being licensed in the future:

        i. The Challenge of Documenting Nothing course available through Advocis; and

ii. Making Choices I, II & III: Ethics and Professional Responsibility in Practice courses available through Advocis
(collectively, the "Courses");

c. The Former Licensee be assessed Council's investigation costs in the amount of $2,500, to be paid within 180 days of Council's order; and

d. That Council will not consider an application for any insurance licence from the Former Licensee for a period of five years and until the fine and investigation costs are paid in full and the Courses have been completed.

43. Subject to the Former Licensee's right to request a hearing before Council pursuant to section 237 of the Act, the intended decision will take effect after the expiry of the hearing period.

ADDITIONAL INFORMATION REGARDING FINES/COSTS

44. Council may take action or seek legal remedies against the Former Licensee to collect outstanding fines and/or costs, should these not be paid by the 180-day deadline.

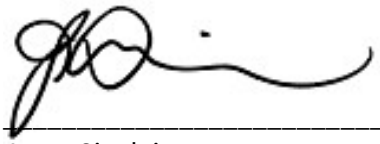
RIGHT TO A HEARING

45. If the Former Licensee wishes to dispute Council's findings or its intended decision, the Former Licensee may have legal representation and present a case in a hearing before Council. Pursuant to section 237(3) of the Act, to require Council to hold a hearing, the Former Licensee **must give notice to Council by delivering to its office written notice of this intention within 14 days of receiving this intended decision.** A hearing will then be scheduled for a date within a reasonable period of time from receipt of the notice. Please direct written notice to the attention of the Executive Director. **If the Former Licensee does not request a hearing within 14 days of receiving this intended decision, the intended decision of Council will take effect.**

46. Even if this decision is accepted by the Former Licensee, pursuant to section 242(3) of the Act, the British Columbia Financial Services Authority ("BCFSA") still has a right of appeal to the Financial Services Tribunal ("FST"). The BCFSA has thirty (30) days to file a Notice of Appeal once Council's decision takes effect. For more information respecting appeals to the FST, please visit their website at www.bcfst.ca or visit the guide to appeals published on their website at guidelines.pdf.

Dated in Vancouver, British Columbia, on the **10th day of February, 2026**.

For the Insurance Council of British Columbia



Janet Sinclair
Executive Director