## BEFORE THE DIVISION OF INSURANCE DEPARTMENT OF LABOR AND REGULATION STATE OF SOUTH DAKOTA

IN THE MATTER OF	)	CONSENT ORDER	
WELLCARE PRESCRIPTION	)		
INSURANCE INC.	)		

In resolution of the above matter and in lieu of a formal hearing, the undersigned parties do hereby agree to the following:

WELLCARE PRESCRIPTION INSURANCE INC. ("WELLCARE"), whose address of record is 8735 Henderson Road, Tampa, FL 33634, is an insurance company holding a Certificate of Authority to transact business in the State of South Dakota;

WELLCARE is aware that the South Dakota Division of Insurance ("Division") has conducted an investigation;

The Division alleges the following with regard to WELLCARE:

- 1) The Division received complaints regarding WELLCARE on January 4 and January 28, 2022;
- 2) The Division wrote to WELLCARE on January 4, January 7, January 28, January 31, February 22, March 2, and March 10, 2022, requesting a response regarding the consumer complaints within 20 days of receipt;
- 3) WELLCARE responded via email on March 23, 2022, regarding both complaints;
- 4) WELLCARE did not timely respond to the Division's communications in violation of SDCL §§ 58-33-66 and 58-33-68;
- 5) Any of the above-cited conduct may be grounds for the revocation or suspension of WELLCARE's non-resident producer license pursuant to SDCL §§ 58-6-46, 58-33-66, and 58-33-68.

WELLCARE is aware of and understands the nature of the allegations and has been informed that he has the right to a Notice of Hearing, counsel and appeal and that by agreeing to sign this Consent Order, waives these rights;

In return for WELLCARE agreeing to and complying with the provisions of this Consent Order, the Division agrees not to proceed to administrative hearing and agrees that this Consent Order will constitute an informal disposition of this licensing matter pursuant to SDCL § 1-26-20;

WELLCARE agrees to pay \$5,000 pursuant to SDCL §§ 58-6-46 and 58-4-28.1, in lieu of an administrative hearing and Final Decision;

WELLCARE further agrees to conduct itself in accordance with the insurance laws and regulations of the State of South Dakota;

WELLCARE further agrees that this Consent Order may be considered for the purpose of determining the appropriate sanction in any future actions with the Division for any violations of the laws or regulations of the State of South Dakota or for failing to abide by any order of the Director;

WELLCARE waives its right to contest the allegations contained in this Consent Order in any future actions or licensing procedures;

Wherefore, good cause appearing from the foregoing, it is hereby ORDERED that WELLCARE pay a monetary penalty in the amount of \$5,000 payable to "South Dakota Division of Insurance" for deposit in the general fund of the State of South Dakota; and it is further

ORDERED that WELLCARE abide by the agreements made by it in this Consent Order; and it is further

ORDERED that the use of this Consent Order for competitive purposes by an insurance agent or thirdparty administrator holding a license in the State of South Dakota, or by any company holding a Certificate of Authority, or by anyone on their behalf, may be deemed unfair competition and be grounds for suspension or revocation of said license or authority; and it is further

ORDERED that the provisions of this Consent Order shall be effective from the date the Director signs this Order.

Dated at Pierre, South Dakota this 21 day of Syphenbur

Larry Deiter, Director

South Dakota Division of Insurance

The	undersigned,	on	behalf	of	WELLCARE	PRESCRIPTION	INSUI	RANCE	INC.,	represents	it
unde	erstands the ter	ms (	of this C	ons	ent Order and	the waiver of its d	ie proces	ss rights	and vo	luntarily en	ter
into	this Consent C	Orde	r.				-			-	

Dated this /th	day of September	, 2022.
		Justin C. Stubstad
		Signature of Authorized Representative
		Justin C. Stubstad
		Printed Name
		Vice President, Compliance
		Title