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

IN THE MATTER OF)	CONSENT	CONSENT ORDER		
RUDOLPH I)				

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

RUDOLPH RICE, whose address of record 3111 N University Dr. STE 608, Coral Springs, FL 33065-5060 holds a non-resident insurance producer license in the State of South Dakota;

RUDOLPH RICE, is aware that the South Dakota Division of Insurance ("Division") has conducted an investigation into his insurance related business;

The South Dakota Division of Insurance alleges the following:

- 1) RUDOLPH RICE is the Designated Responsible Producer for Look Both Ways Insurance LLC DBA Millennium Health Advisors ("Look Both Ways"), EIN 86-1280366, and Pioneer Health Associates LLC, ("Pioneer Health") EIN 30-1210844;
- 2) RUDOLPH RICE, through Look Both Ways and Pioneer Health, sold insurance policies using unlicensed agents, in violation of SDCL 58-30-143 & 58-30-171;
- 3) RUDOLPH RICE, through Look Both Ways and Pioneer Health, sold insurance policies with an unauthorized insurer, in violation of SDCL 58-30-174 & 58-30-176;
- 4) RUDOLPH RICE, through Look Both Ways and Pioneer Health, sold insurance policies through a disapproved association in South Dakota, in violation of SDCL 58-18-4.1 & 4.3;
- 5) Pursuant to SDCL §§ 58-18-4.1, 58-18-4.3, 58-30-143, 58-30-171, and 58-30-167(2),(8), & (12) the Director of the Division may revoke RUDOLPH RICE's insurance producer license for violating the insurance laws of South Dakota.

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

By the execution of this Consent Order and the payment of a penalty pursuant to this Consent Order, RUDOLPH RICE neither admits to nor denies any violations of the laws of the State of South Dakota, but waive their right to contest the allegations contained in this Consent Order;

In return for RUDOLPH RICE 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;

RUDOLPH RICE agrees to pay \$15,000 pursuant to SDCL §§ 58-30-167 and 58-4-28.1, in lieu of an administrative hearing and Final Decision;

RUDOLPH RICE further agrees to conduct himself in accordance with the insurance laws and regulations of the State of South Dakota;

RUDOLPH RICE 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:

RUDOLPH RICE waives his 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 RUDOLPH RICE pay a monetary penalty in the amount of \$15,000 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 RUDOLPH RICE abide by the agreements made by him in this Consent Order; and it is further

ORDERED that the use of this Consent Order for competitive purposes by an insurance agent or third-party 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 2/5 day of August, 2024.

Jarry Deiter, Director
South Dakota Division of Insurance

I have read and understand the terms of this Consent Order and the waiver of my due process rights and voluntarily enter into this Consent Order.

Dated this 6 day of August, 2024.

Signature

Name (typed or printed)