

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

IN THE MATTER OF  
MAXCARE LLC

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CONSENT ORDER

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:

MAXCARE LLC ("MAXCARE"), whose address of record is 933 E. Britton Rd, Oklahoma City, Oklahoma, is operating in the state of South Dakota as a Pharmacy Benefit Manager ("PBM") without holding a TPA License with a PBM Qualification;

MAXCARE is aware that the South Dakota Division of Insurance ("Division") has conducted an investigation of its insurance-related activities in South Dakota;

The Division has alleged the following:

- 1) MAXCARE was operating as a PBM in South Dakota without a TPA License with a PBM Qualification, in violation of SDCL 58-29D-21, 58-29D-31(4) & (8), and 58-29E-2;
- 2) MAXCARE submitted a TPA license application with a PBM qualification on November 12, 2024;
- 3) The above-cited conduct may be grounds for the denial of its Third-Party Administrator License and/or the denial of its PBM qualification pursuant to SDCL 58-29D-21, 58-29D-24, 58-29D-31(4) & (8), 58-29E-2 and 58-29E-2;

By the execution of this Consent Order MAXCARE waives its right to contest the allegations contained in this Consent Order in any future actions or licensing procedures with the Division;

MAXCARE agrees to this consent order with the express reservation that it does not admit to a violation of any statute or rule. MAXCARE's execution of this Consent Order is not, and shall not be construed as, an admission of any violation of law or other misconduct by MAXCARE;

MAXCARE is aware of and understands the nature of the charges and has been informed that it has the right to notice, hearing, and appeal, and that by agreeing to and signing this Consent Order waives these rights;

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

MAXCARE agrees to a monetary penalty in the amount of \$10,000 pursuant to SDCL 58-4-28.1, in lieu of license denial, administrative hearing, and Final Decision;

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

MAXCARE 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;

Wherefore, good cause appearing from the foregoing, it is hereby ORDERED that MAXCARE pay a monetary penalty in the amount of \$10,000 payable to "South Dakota Division of Insurance" for deposit in the general fund of the State of South Dakota; and it is further

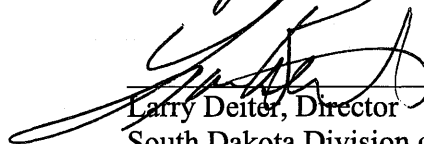
ORDERED that MAXCARE abide the agreements made by it in this Consent Order; and it is further

ORDERED that MAXCARE's TPA License Application with PBM Qualification is hereby APPROVED for licensure as of the effective date of 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 21<sup>st</sup> day of July, 2025.

  
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Larry Deiter, Director  
South Dakota Division of Insurance

The undersigned, on behalf of MAXCARE, represents it understands the terms of this Consent Order and the waiver of its due process rights and voluntarily enters into this Consent Order.

Dated this 17th day of July, 2025.

  
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Signature of Authorized Representative  
  
J.J. Peek  
\_\_\_\_\_  
Printed Name  
  
Vice President  
\_\_\_\_\_  
Title