

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

IN THE MATTER OF ASHLEY MESSER AND ASSURANCE HEALTH ADVISORS, LLC	INS 26-31606  <b>CONSENT ORDER</b>
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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:

ASHLEY MESSER, whose address of record is 19873 Dinner Key Dr, Boca Raton, FL 33498-4506, is a licensed insurance producer,

ASSURANCE HEALTH ADVISORS, LLC, is a licensed business entity in the State of South Dakota with an address of 425 Southeast 9th Street, Fort Lauderdale, FL 33316 which is owned by ASHLEY MESSER, who is also the designated responsible producer for the agency's compliance;

ASHLEY MESSER and ASSURANCE HEALTH ADVISORS, LLC, (RESPONDENTS) are aware that the South Dakota Division of Insurance (Division) has conducted an investigation of its insurance-related activities in South Dakota;

The Division alleges the following with regard to RESPONDENTS:

1. ASSURANCE HEALTH ADVISORS, LLC operated in South Dakota without a business entity license, in violation of SDCL 58-30-143;
2. RESPONDENTS sold consumers policies provided by unlicensed insurance companies, unregistered discount medical plans, sold through unapproved associations, and utilized unappointed producers, in violation of SDCL 58-8-1, 58-17E-7, 58-30-167(2)(8)(12), 58-30-175, and ARSD 20:06:42:01;
3. The Director of the Division may revoke ASHLEY MESSER's insurance producer license and ASSURANCE HEALTH ADVISORS' business entity license for any one of the above-cited violations;

RESPONDENTS are aware of and understand the nature of the allegations and have been informed that they have the right to a Notice of Hearing, counsel, and appeal, and that by signing this Consent Order, waives these rights;

In return for RESPONDENTS agreeing to, signing, 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;

RESPONDENTS waives their rights to contest the allegations contained in this Consent Order in any future actions or licensing procedures;

RESPONDENTS agree to a monetary penalty in the amount of \$10,000 pursuant to SDCL 58-4-28.1 in lieu of an administrative hearing and Final Decision;

RESPONDENTS further agree to conduct business in accordance with the insurance laws and regulations of the State of South Dakota; and

RESPONDENTS further agree 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 RESPONDENTS pay a monetary penalty in the amount of \$10,000, jointly and severally payable to "South Dakota Division of Insurance" for deposit in the General Fund of the State of South Dakota; and it is further

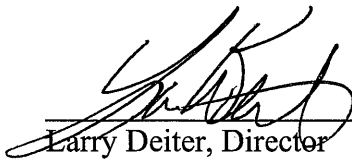
ORDERED that RESPONDENTS abide by the agreements made by them in this Consent Order; and it is further

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.

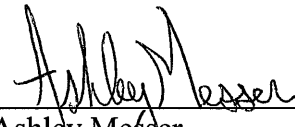
*[Signature page follows]*

Dated at Pierre, South Dakota this 30<sup>th</sup> day of March, 2026.

  
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Larry Deiter, Director  
South Dakota Division of Insurance

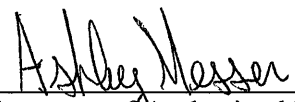
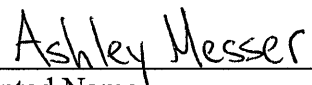

I have read and understand the terms of this Consent Order, including the waiver of my due process rights, and voluntarily agree to them.

Dated this 12<sup>th</sup> day of March, 2026.

  
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Ashley Messer

The undersigned, on behalf of ASSURANCE HEALTH ADVISORS, LLC, 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 12<sup>th</sup> day of March, 2026.

  
\_\_\_\_\_  
Signature of Authorized Representative  
  
\_\_\_\_\_  
Printed Name  
  
\_\_\_\_\_  
Title