

APR 17 2013

Maryland Insurance  
Administration

MARYLAND INSURANCE  
ADMINISTRATION  
FOR THE STATE OF MARYLAND  
200 ST. PAUL PLACE, SUITE 2700  
BALTIMORE, MARYLAND 21202

BEFORE THE  
MARYLAND INSURANCE  
COMMISSIONER

v.

CASE No.: MIA-2012-10-047

MID ATLANTIC VISION SERVICE  
PLAN, INC.  
(NAIC #53031)  
3333 Quality Drive  
Rancho Cordova, CA 95670

\* \* \* \* \*

CONSENT ORDER

The Maryland Insurance Commissioner (the "Commissioner") and Mid Atlantic Vision Service Plan, Inc. ("the Insurer") hereby represent and acknowledge that they enter into this Consent Order as follows:

**EXPLANATORY STATEMENT**

A) This Consent Order is issued pursuant to §§ 2-108 and 2-204 of the Insurance Article, *Annotated Code of Maryland*.

B) At all relevant times, the Insurer held a Certificate of Authority from the State of Maryland to act as an authorized insurer in the State of Maryland.

C) On October 3, 2012, 2012, the Commissioner issued an order against the Insurer (the "Order") finding that the Insurer violated § 30-102 of the Insurance Article.

D) The Insurer filed a timely demand for a hearing contesting the Order. The demand for a hearing stayed the Order pending a hearing and resulting final order.

E) Section 30-102(a) of the Insurance Article provides that an insurer authorized to do business in the State of Maryland is required, on or before October 1, 2011, to provide the Commissioner with a report of information in the records of the insurer about each slaveholder insurance policy issued in the State by the insurer, or any predecessor of the insurer, during the slavery era (a "Slavery Era Policy report").

F) On or about October 26, 2012, the Insurer submitted a Slavery Era Policy report to the Commissioner.

G) The parties to this Consent Order desire to resolve the matter without further proceedings and without any finding or disposition concerning the Insurer's obligations under or compliance with § 30-102 of the Insurance Article.

H) The Insurer acknowledges that it has had the opportunity to consult with counsel of its choosing and enters into this Consent Order voluntarily.

I) This Consent Order supersedes and replaces the original Order, is the final understanding between and agreement of the parties, and resolves all matters alleged in the Order.

J) Upon execution of this Consent Order by both parties, the Insurer's demand for a hearing will be deemed to have been withdrawn.

K) Nothing in this Consent Order shall be construed as a waiver of the Insurer's obligation to comply with any State law or of the Commissioner's right to proceed in an administrative or civil action for any future violations of the Insurance Article. Nor shall anything herein be deemed a waiver of the right of the Insurer to contest any such future proceeding by the Commissioner. Furthermore, nothing herein shall be construed to resolve, preclude or permit any actions that may be brought by other parties.

#### ORDER

THEREFORE, it is ORDERED by the Commissioner, and Consented to by the Insurer, that:

- 1) The Insurer shall pay an administrative penalty of \$3,000.00 within thirty (30) days of the execution of this Consent Order by both parties;
- 2) Immediately upon execution of this Consent Order by both parties, the demand for a hearing in this matter is deemed withdrawn; and
- 3) This Consent Order supersedes and replaces the original Order and constitutes the Final Order of the Commissioner in this matter. As such, this Consent Order is subject to disclosure under the Maryland Public Information Act found in Md. Code Ann., State Government, § 10-613 (2009 Repl. Vol.).

**THERESE M. GOLDSMITH**  
**INSURANCE COMMISSIONER**

*Signature on Original*

By: Thomas Marshall, Associate Commissioner  
Compliance and Enforcement

Date

4/17/2013

CONSENT OF THE RESPONDENT

Responded, Mid Atlantic Vision Service Plan, Inc., hereby consents to the entry of this Consent Order in Case No. MIA-2012-10-047 and to the terms contained within. Furthermore, the undersigned acknowledges that she/he has the authority to enter into this Consent Order and bind the Insurer to the terms of this Order.

*Signature on Original*  
[Redacted Signature]

\_\_\_\_\_

04/15/2013  
Date

*Signature on Original*  
[Redacted Signature]

Witness

4/15/2013  
Date