

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J) Upon execution of this Consent Order by both parties, the Insurer's demand for a hearing will be deemed to have been withdrawn.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 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2) Immediately upon execution of this Consent Order by both parties, the demand for a hearing in this matter is deemed withdrawn; and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

3-14-2013

Date

CONSENT OF THE RESPONDENT

Respondent, Health Care Service Corporation, A Mutual Legal Reserve Company, hereby consents to the entry of this Consent Order in Case No. MIA-2012-10-010 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]

DSVP + Assistant Secretary

3/7/13

Date

Signature on original

[Redacted Signature]

Witness

3/7/13

Date