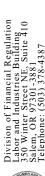
ADROIT HEALTH GROUP - INS-21-0061





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days of service of the Notice. The Notice further informed Respondent that if a hearing were not conducted because Respondent did not timely request a hearing or otherwise defaulted, then the designated portion of the Division's file and all materials submitted by Respondent in this case would automatically become part of the contested case record for the purpose of proving a prima facie case.

The Director did not receive from Respondent a request for hearing and did not conduct a hearing. Accordingly, on May 31, 2022, the Division entered a Final Order To Cease And Desist, Final Order Revoking Business Entity Insurance Producer License, And Final Order Assessing Civil Penalties, Entered By Default against Respondent (the "Default Order").

On July 29, 2022, Respondent served on the Division a Petition for Reconsideration of the Default Order pursuant to OAR 137-003-0675. On September 27, 2022, the Division denied that Petition for Reconsideration. On November 28, 2022, Respondent filed a Petition for Judicial Review with the Court of Appeals (the "Petition for Judicial Review").

In order to avoid further litigation and expense, the parties have agreed that the Director adopt the following findings of fact and conclusions of law.

## FINDINGS OF FACT

The Director FINDS that:

- 1. Respondent first became licensed in Oregon as a nonresident business entity insurance producer on October 12, 2016. Respondent's National Association of Insurance Commissioners ("NAIC") license number is 100297502 and national producer number ("NPN") is 17986716.
- 2. On December 3, 2020, an Oregon consumer contacted the Division to file a complaint regarding Respondent. The consumer stated that she had enrolled for health care coverage with Respondent; that she had attempted to contact Respondent to ensure she had coverage for a primary care doctor appointment; that she was informed that she had such Page 2 of 10 –CONSENT ORDER

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coverage; and that Respondent subsequently failed to pay for the approved primary care appointment. The consumer also explained the great difficulty she had contacting and getting basic information from Respondent.

- 3. On December 8, 2020, a Division Consumer Advocate sent Respondent's thencompliance officer a copy of the consumer's complaint and requested a response within 21 days from receipt. Respondent acknowledged receiving the same on December 14, 2020.
- 4. On January 12, 2021, the Division Consumer Advocate contacted Respondent to again request a response to the consumer's complaint by January 14, 2021.
- 5. In a series of emails between January 14 and 15, 2021, Respondent claimed to have submitted a response but that its electronic system prevented the emails from sending, and subsequently sent documents purporting to demonstrate its attempt to send the response. No substantive response to the consumer's complaint or the Division's request was provided.
- 6. On January 19, 2021, the Division Consumer Advocate pointed out to Respondent that Respondent had not submitted a substantive response and requested the same by January 22, 2021.
- 7. On January 25, 2021, a Division Investigator contacted Respondent to again request a response to the consumer complaint. The Investigator reminded Respondent that this was the third time that she had to contact Respondent for failing to reply to this and other inquiries by the Division.
- 8. On February 15, 2021, having still received no response, the Division Consumer Advocate contacted Respondent again. She indicated that she had called and left several messages and received no responses, and requested a response by the following day.

<sup>&</sup>lt;sup>1</sup> Unless otherwise indicated, all communications between Respondent and the Division were directed to and received from that former compliance officer.

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9. On March 11, 2021, the Division Investigator contacted Respondent, noting that the Division had opened an investigation into possible violations of the Insurance Code for failing to respond to a Director's inquiry. The Investigator reminded Respondent that she and the Consumer Advocate had requested a response to the consumer complaint multiple times but had yet to receive the same. The Investigator renewed the request for a response to the consumer complaint and also included nine numbered questions for Respondent to answer. Among those questions were inquiries regarding Respondent's use of a new doing-business-as name, Strata Health Group. A response was requested by April 12, 2021.

- 10. On April 15, 2021, having received no response, the Division Investigator sent an email to Stephen Jones (NAIC NPN 1207856), the Designated Responsible Licensed Producer for Adroit Health Group at that time. The Investigator requested that Mr. Jones respond to the consumer complaint and the inquiries sent to Respondent no later than May 17, 2021.
- 11. On June 8, 2021, the Division sent Mr. Jones a letter requesting the same information with a response deadline of July 8, 2021. Mr. Jones never responded and Respondent represents he failed to notify Respondent's management of either the email or written request.
- 12. Respondent represents that its information technology security protocols adopted when the company's workforce transitioned to remote work during the Covid-19 pandemic were subsequently found to unknowingly restrict the delivery of certain incoming e-mails that may have led to some—although not all—communications not being delivered to their intended recipients within Respondent's system.
- 13. On August 16, 2021, Respondent provided the Division with a copy of a response letter it sent to the Oregon consumer who originally filed a complaint with the Division. Respondent also provided a response to the Division Investigator's nine Page 4 of 10 -CONSENT ORDER ADROIT HEALTH GROUP - INS-21-0061

I Regulation Building E, Suite 410

numbered questions originally sent on March 11, 2021.

14. On August 30, 2021, the Division Investigator followed up with Respondent to ask additional questions about its use of the business name Strata Health Group. The Investigator noted, among other things, that Respondent had not notified the Division of its use of this assumed business name. The Investigator also asked for a list of all insurance business that Strata Health Group had sold, solicited, or negotiated in Oregon since its purported inception in August 2020. The Investigator asked for responses to these questions by September 30, 2021.

- 15. Respondent did not reply to the foregoing inquiry sent on August 30, 2021.
- 16. Between 2018 and 2022, in addition to the consumer complaint identified above as received on December 3, 2020, the Division received approximately seven (7) additional consumer complaints regarding Respondent (collectively, the "Consumer Complaints"), which it was unable to thoroughly investigate due to Respondent's failure to respond fully to the Division's inquiries.
- 17. Respondent represents that its former compliance officer failed to inform the Respondent's management of the receipt and pendency of any of the foregoing communications and complaints, and misrepresented to management that there were no active investigations or inquiries involving the Division or other state regulatory agencies that had not been fully addressed. Regardless, Respondent acknowledges that it is responsible for the conduct of its employees, whether or not its employees follow proper internal policies and procedures.
- 18. Following receipt of the Default Order, Respondent became aware of the former compliance officer's failures in appropriately discharging her duties in Oregon and several other jurisdictions and venues. Accordingly, Respondent represents that the former compliance officer's employment with Respondent was terminated on June 02, 2022.

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# **CONCLUSIONS OF LAW**

The Director CONCLUDES that:

19. Under ORS 731.296, the Director may address any proper inquiries to any insurer, licensee, or its officers in relation to its activities or condition or any other matter connected with its transactions. Any such person so addressed shall promptly and truthfully reply to such inquiries using the form of communication requested by the Director.

- 20. By failing to promptly and truthfully reply to the Director's inquiries, including those made on December 8, 2020; January 12, 2021; January 25, 2021; February 15, 2021; March 11, 2021; April 15, 2021; June 8, 2021; and August 30, 2021, Respondent violated ORS 731.296 in no less than eight instances.
- 21. Under ORS 744.068(1), an insurance producer shall notify the Director prior to transacting business in the state of Oregon under the insurance producer license under any name other than the insurance producer's legal name and prior to changing, deleting, or adding an assumed business name in connection with the insurance producer's business under the insurance producer license.
- 22. By failing to notify the Director that it had added the assumed business name Strata Health Group in the state of Oregon in connection with its insurance business prior to using the same, Respondent violated ORS 744.068(1).
- 23. Under ORS 744.074(1)(b), the Director may place a licensee on probation or suspend, revoke, or refuse to issue or renew an insurance producer license and may take other actions authorized by the Insurance Code in lieu thereof or in addition thereto, for violating any insurance laws, or violating any rule, subpoena or order of the Director.
- 24. Because Respondent violated the Insurance Code, including ORS 731.296 and ORS 744.068(1), the Director may revoke Respondent's insurance producer license under ORS 744.074(1)(b).
- 25. Under ORS 731.252(1), whenever the Director has reason to believe that any Page 6 of 10 –CONSENT ORDER ADROIT HEALTH GROUP INS-21-0061

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person has been engaged or is engaging or is about to engage in any violation of the
Insurance Code, the Director may issue an order, directed to such person, to discontinue or
desist from such violation or threatened violation.

- 26. Because the Director has reason to believe that Respondent has violated ORS 731.296 and ORS 744.068(1), the Director may issue an order directed to Respondent to discontinue or desist from that violation under ORS 731.252(1).
- 27. Under ORS 731.988(1), a person that violates any provision of the Insurance Code shall forfeit and pay to the General Fund of the State Treasury a civil penalty in an amount determined by the director that does not exceed \$10,000 for each offense. The civil penalty for individual insurance producers, adjusters or insurance consultants may not exceed \$1,000 for each offense. Each violation is a separate offense.
- 28. Because Respondent violated the Insurance Code, including ORS 731.296 and ORS 744.068(1), Respondent is subject to civil penalties under ORS 731.988(1).

#### **ORDERS**

The Director issues the following ORDERS:

## Order to Cease and Desist

29. Pursuant to the authority of ORS 731.252(1), the Director hereby orders Respondent to CEASE AND DESIST from violating ORS 731.296 and ORS 744.068(1).

### Order Assessing Civil Penalties

30. Pursuant to ORS 731.988(1), the Director hereby ORDERS the assessment of CIVIL PENALTIES against Respondent in the amount of \$20,000 for violating ORS 731.296 and ORS 744.068(1).

#### Voluntary Surrender of License

31. Respondent voluntarily surrenders its Oregon nonresident insurance producer license (NAIC license number 100297502). Respondent shall submit simultaneously with this executed Consent Order a completed and executed Voluntary Surrender of Oregon Page 7 of 10 -CONSENT ORDER ADROIT HEALTH GROUP - INS-21-0061

License or Lines of Authority form (Division Form 440-5054).

32. Respondent's voluntary surrender of its license is not intended to be and shall not constitute a revocation, suspension, or conditioning of its license under the Insurance Code.

- 33. Respondent shall not reapply for a license in Oregon unless and until:
- A. Respondent has demonstrated that it has not been subject to a final order in any jurisdiction resulting in the revocation, suspension, or conditioning of its license or any other similar order impacting its licensure status in any jurisdiction for period of three years commencing on the date the Division signs this Consent Order;
- B. Respondent has fully complied to the satisfaction of the Division with the Division's inquiry into the outstanding Consumer Complaints, including providing a written response to the Division about each such complaint, responding fully and promptly to the Division's questions and document requests pertaining to each such complaint, and taking reasonable steps appropriate and necessary to resolve each such complaint;
- C. Respondent has submitted a corrective action plan to the Division outlining changes to any policies and procedures it has implemented in order to minimize the chances of issues arising in the future similar to those that gave rise to this action, including such policies and procedures regarding receiving, reviewing, and timely responding to consumers and regulators, and ensuring that all legally required filings are timely made;
- D. Respondent has paid the civil penalties required under this Consent Order; and
- E. Respondent has otherwise complied with all terms of this Consent Order and the Insurance Code.
- 34. Prior to or simultaneous with the execution of this Consent Order, Respondent Page 8 of 10 –CONSENT ORDER ADROIT HEALTH GROUP INS-21-0061

	1	shall withdraw the Petition for Judicial Review and the Division shall vacate the Default
	2	Order and enter this Consent Order as the final order in this matter. Respondent shall
	3	submit prior to or simultaneous with this executed Consent Order proof that it has
	4	withdrawn its Petition for Judicial Review.
	5	FINAL ORDER
	6	35. This Order is a "Final Order" under ORS 183.310(6)(b). Subject to that
	7	provision, the entry of this Order does not limit other remedies that are available to the
	8	Director under Oregon law.
	9	IT IS SO ORDERED.
	10	Dated this 10 <sup>th</sup> day of February, 2023.
	11	/s/Dolothy Dean
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	15	Dorothy Bean, Chief of Enforcement Division of Financial Regulation
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