

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCIAL REGULATION

In the Matter of:

Case No. INS-16-0264

JOEL K. BEAUDOIN, ANDREW S.
EACHON and CENTURY BENEFITS LLC,

Respondents.

ORDER TO CEASE AND DESIST,
FINAL ORDER IMPOSING TERMS
OF PROBATION, FINAL ORDER
IMPOSING CIVIL PENALTY AND
CONSENT TO ENTRY OF ORDER

The Director of the Department of Consumer and Business Services for the State of Oregon (“Director”), acting in accordance with Oregon Revised Statutes (“ORS”) chapters 731, 732, 733, 734, 735, 737, 742, 743, 743A, 743B, 744, 746, 748 and 750 (“Insurance Code”), has conducted an investigation into the insurance related activities of Joel K. Beaudoin, Andrew S. Eachon and Century Benefits, LLC (collectively “Respondents”).

On April 3, 2017, the Director, by and through the Division of Financial Regulation (“Division”), properly served notice (“Notice Order”) on Respondents¹ that the Director intended to revoke the resident insurance producer licenses of Century Benefits and Joel B. Beaudoin and impose a total civil penalty of \$112,850 and \$51,175 respectively.

Respondents wish to resolve and settle this matter with the Director and the Director concludes that the goal to protect the public is served with the issuance of this Consent Order.

Now therefore, as of the date of entry of this Consent Order, the Notice Order is

¹ Andrew Eachon was not a named Respondent in the Notice Order.



1 vacated and this Consent Order becomes final.

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FINDINGS OF FACT

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The Director FINDS that:

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1. Joel K. Beaudoin (“Beaudoin”) has been licensed as an Oregon resident insurance producer since May 10, 2005. Beaudoin’s NAIC national producer number is 8461019.

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2. Andrew S. Eachon (“Eachon”) has been licensed as an Oregon resident insurance producer since February 16, 2005. Eachon’s NAIC national producer number is 8332668.

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3. Century Benefits LLC (“Century Benefits”) has been licensed as an Oregon resident insurance producer since November 16, 2006. Century Benefits’ NAIC national producer number is 8939581.

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4. Beaudoin is the Designated Responsible Licensed Producer (“DRLP”) for Century Benefits.

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5. Beaudoin and Eachon are the cofounders and owners of Century Benefits.

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6. My Oregon Health Insurance is an assumed business name of Century Benefits.

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7. Marketplace Health Insurance is an assumed business name of Century Benefits.

Unlicensed Insurance Business

8. On February 10, 2016, the Oregon Division of Financial Regulation, formerly the Oregon Insurance Division (“Division”), sent a request for information to Respondents, requesting a list of all consumers that were recorded talking with Century Benefits producers during the open enrollment period (“OEP”) for plan year 2016 (OEP for plan year 2016 was November 1, 2015 through January 31, 2016). Respondents



1 provided the information as requested, which revealed that, during the OEP for plan year
2 2016, Respondents accepted the following insurance business:

3 A. Twelve agents affiliated with Century Benefits were successful in selling,
4 soliciting or negotiating insurance business in Michigan on 71 separate occasions
5 without being licensed in Michigan.

6 B. Seventeen agents affiliated with Century Benefits were successful in selling,
7 soliciting or negotiating insurance business in Nevada on 538 separate occasions without
8 being licensed in Nevada.

9 C. Seven agents affiliated with Century Benefits were successful in selling,
10 soliciting or negotiating insurance business in Utah on 173 separate occasions without
11 being licensed in Utah.

12 D. Seven agents affiliated with Century Benefits were successful in selling,
13 soliciting or negotiating insurance business in Arizona on 33 separate occasions without
14 being licensed in Arizona.

15 Consumer Complaints

16 9. For Paragraphs 9A through 9F, the insured will be referred to as “DM.” At all
17 times material to Paragraphs 9A through 9F, DM was an Oregon resident.

18 A. On March 21, 2013, DM contacted Eachon by email and requested that
19 Eachon cancel DM’s health insurance policy with Assurant Health (“Assurant Policy”)
20 and DM’s accident plan with American General Life Insurance (“AIG Policy”).

21 B. On March 21, 2013, Eachon confirmed by email that DM’s Assurant Policy
22 and AIG Policy would be cancelled effective March 22, 2013.

23 C. On March 28, 2013, premiums for the Assurant Policy and AIG Policy were
24 taken from DM’s bank account.

25 D. On April 30, 2013, premiums for the Assurant Policy and AIG Policy were
26 taken from DM’s bank account.





1 E. On May 3, 2013, DM submitted a consumer complaint to the Division against
2 Century Benefits and Eachon.

3 F. DM's policy was cancelled with an effective date of March 22, 2013 and the
4 unearned premiums related to those policies were refunded to DM.

5 10. For Paragraphs 10A through 10F, the insured will be referred to as "SS." At
6 all times material to Paragraphs 10A through 10F, SS was an Oregon resident.

7 A. In or around November 2014, Beaudoin called SS attempting to sell SS
8 medical and dental insurance.

9 B. SS explained to the Division that Beaudoin informed SS that she was being
10 enrolled in Kaiser medical and dental insurance with an effective date of January 1, 2015
11 and provided a confirmation number of 27502839.

12 C. On January 21, 2015, SS went to a dentist for a teeth cleaning. At that time,
13 SS was informed that she did not have dental insurance.

14 D. SS received a \$283 bill for her dental appointment.

15 E. On April 3, 2015, SS contacted Kaiser and was informed that she did not have
16 dental insurance.

17 F. On July 31, 2015, SS submitted a consumer complaint to the Division against
18 Century Benefits and Beaudoin.

19 11. For Paragraphs 11A through 11I, the insured will be referred to as "RD." At
20 all times material to Paragraphs 11A through 11I, RD was an Oregon resident.

21 A. On February 5, 2015, RD's daughter, who served as RD's power of attorney,
22 contacted Eachon by email to cancel her father's Stonebridge Medicare Supplemental
23 policy ("Stonebridge Policy"). Eachon did not respond to RD's February 5, 2015 email.

24 B. On March 8, 2015, RD's daughter contacted Eachon again by email
25 requesting cancellation of the Stonebridge Policy.

26 C. On March 9, 2015, Eachon responded to RD's daughter's March 8, 2015



1 email and requested proof of current coverage in order to cancel the Stonebridge Policy.

2 D. On March 9, 2015, RD's daughter provided proof of coverage to Eachon.

3 E. On March 17, 2015, RD's daughter contacted Eachon by email requesting
4 confirmation that RD's Stonebridge Policy had been cancelled.

5 F. The Stonebridge premiums were deducted from RD's bank account in
6 February, March and April 2015.

7 G. Between March 9, 2015 and April 6, 2015, Eachon did not respond to RD's
8 daughter and did not cancel the Stonebridge Policy.

9 H. On April 6, 2015, RD submitted a consumer complaint to the Division against
10 Century Benefits and Eachon.

11 I. Sometime after April 6, 2015, RD's policy was cancelled back to the
12 requested termination date and all unearned premiums refunded.

13 12. For Paragraphs 12A through 12F, the insured will be referred to as "DS." At
14 all times material to Paragraphs 12A through 12F, DS was an Oregon resident.

15 A. In February 2015, Eachon contacted DS's employer soliciting health
16 insurance. DS's supervisor told DS that he would pay for DS's health insurance and the
17 supervisor put DS on the phone with Eachon.

18 B. DS elected to purchase LifeWise health insurance. DS provided Eachon with
19 her personal information along with her supervisor's bank account information for
20 premium payment.

21 C. DS received a welcome packet in the mail and assumed that her health
22 insurance coverage was in place. Later, DS noticed a letter from LifeWise informing her
23 that her insurance coverage was inactive due to nonpayment.

24 D. After learning that her insurance coverage was inactive, DS sent an email to
25 Eachon. After a week of no response from Eachon, DS sent a follow up email. A
26 woman contacted DS and informed DS that Eachon was unavailable. The woman was



1 unable to provide an explanation for why DS did not have insurance coverage.

2 E. An employee of Century Benefits named Scott advised DS to apply for
3 coverage under the Oregon Health Plan. DS explained that she would not qualify for
4 such coverage because her income was too high. DS explained to the Division that Scott
5 instructed DS to show a lower income on the application in order to obtain coverage.

6 F. On November 10, 2015, DS submitted a consumer complaint to the Division
7 against Century Benefits and Eachon.

8 13. For Paragraphs 13A through 13B, the insured will be referred to as “DW.” At
9 all times material to Paragraphs 13A through 13B, DW was an Oregon resident.

10 A. In November 2015, Oregon consumer “DW” called Century Benefits to enroll
11 in only health insurance. In addition to a health insurance policy, the Century Benefits
12 agent enrolled DW in an AIG accident policy. DW explained to the Division that he
13 never requested or agreed to the AIG accident policy.

14 B. On July 22, 2016, DW submitted a consumer complaint to the Division
15 against Century Benefits.

16 14. For Paragraphs 14A through 14F, the insured will be referred to as “RC.” At
17 all times material to Paragraphs 14A through 14F, RC was an Oregon resident.

18 A. RC went online in December 2015 to apply for health insurance. Beaudoin
19 contacted RC by phone and explained that he was with My Oregon Health Insurance.

20 B. RC agreed on a health insurance plan referred to as a silver plan.

21 C. RC explained to the Division that he did not receive a health insurance policy,
22 but instead received a critical illness protection plan.

23 D. On or around March 3, 2016, RC submitted a consumer complaint to the
24 Division against the insurance agency My Oregon Health Insurance and Beaudoin.

25 E. In fact, RC did have health insurance in effect as requested through
26 Healthcare.gov and Century Benefits with Providence.



1 F. RC also renewed the accident protection plan discussed above with Century
2 Benefits the following year.

3 15. For Paragraphs 15A through 15D, the insured will be referred to as “LN.” At
4 all times material to Paragraphs 15A through 15D, LN was an Oregon resident.

5 A. On or around December 12, 2015, LN spoke with Beaudoin about options for
6 health insurance.

7 B. LN explained to the Division that he selected a plan referred to as Providence
8 Silver.

9 C. LN received an AIG accident expense plus plan, which LN explained to the
10 Division was not wanted.

11 D. On or around December 28, 2015, LN submitted a consumer complaint to the
12 Division against Century Benefits and Beaudoin.

13 16. For Paragraphs 16A through 16D, the insured will be referred to as “SN.” At
14 all times material to Paragraphs 16A through 16D, SN was an Oregon resident.

15 A. In or around January 2016, Oregon consumer “SN” purchased a MODA
16 health insurance policy from Century Benefits. SN explained to the Division that,
17 during the transaction, the Century Benefits’ agent that spoke with SN assured SN that
18 her current physician was a preferred provider with the MODA policy.

19 B. In or around March 2016, SN visited her physician.

20 C. In or around April 2016, SN received an explanation of benefits from MODA
21 that revealed that her physician was not a preferred provider with the MODA.

22 D. On July 11, 2016, SN’s husband filed a consumer complaint to the Division
23 against Century Benefits.

24 17. For Paragraphs 17A through 17F, the insured will be referred to as “GL.” At
25 all times material to Paragraphs 17A through 17F, GL was an Oregon resident.

26 A. On or around February 10, 2016, GL submitted a consumer complaint to the

1 Division against the insurance agency My Oregon Health Insurance and an insurance
2 agent named Joe.

3 B. In the complaint, GL alleges that he “was attempting to purchase health
4 insurance at the lowest possible price, with no unnecessary extras.”

5 C. After enrollment, GL discovered that he was enrolled in a vision and dental
6 plan to which he explained to the Division that he never agreed or knew he was being
7 enrolled.

8 D. GL’s income had been listed by the enrolling agent to be \$17,000 a year.

9 E. GL told a Consumer Advocate with the Division that he earns approximately
10 \$5,000 a year.

11 F. GL would have qualified for the Oregon Health Plan, but the application did
12 not reflect his correct income.

13 *Enrolling Consumers in Insurance Plans without being an Appointed Agent*

14 18. On January 5, 2017, ATRIO Health Plans (“ATRIO”) contacted the Division
15 and informed the Division, that on or around September 1, 2016, Beaudoin enrolled
16 Oregon consumer “JC” in an ATRIO insurance policy without being an ATRIO
17 appointed agent.

18 19. The Utah Insurance Department and Century Benefits agreed to enter into a
19 Stipulation and Order related to Century Benefits activity within the State of Utah on
20 September 8, 2017.² The Stipulation and Order with Utah revealed that Respondent
21 utilized 47 non-designated producers and sold 3,563 insurance contracts to Utah residents
22 from November 1, 2015 to December 31, 2015.

23 *False Statements*

24 20. Respondents made false statements when contacting consumers about tax
25 credits.

26 ² Utah Enf. Case No. 3928





1 A. Respondents supplied telephone scripts (“Agent Scripts”) to agents that
2 worked for Century Benefits that were to be used when Century Benefits agents
3 contacted consumers.

4 B. On or around February 11, 2016, the Division was provided copies of Agent
5 Scripts used by Century Benefits agents.

6 C. The Agent Scripts instructed agents to contact consumers and say the
7 following: “This is [agent name] with Marketplace Health Insurance. I’m calling
8 because you were recently on our website and did not click the button to get your tax
9 credit. Did you get your tax credit for this year?”

10 i. If the consumer replied “I don’t know,” the Agent Scripts instructed the agent
11 to reply “Okay that’s exactly why I’m calling.”

12 ii. If the consumer replied “Yes,” the Agent Scripts instructed the agent to reply
13 “Okay great that’s exactly why I’m calling.”

14 iii. If the consumer replied “No,” the Agent Scripts instructed the agent to reply
15 “Okay that’s exactly why I’m calling.”

16 D. There was never any button for consumers to select or click.

17 E. On many occasions, the consumer had not visited the Marketplace Health
18 Insurance, or any other Century Benefits run, website.

19 21. Respondents made false statements when contacting consumers about
20 incomplete applications.

21 A. The Agent Scripts instructed agents to contact consumers and say the
22 following: “This is [agent name] with Marketplace Health Insurance. I’m calling
23 because there have been a lot of incomplete applications in our system. Did you get
24 your confirmation email for your coverage?”

25 B. If the consumer replied “I don’t know,” the Agent Scripts instructed the agent
26 to reply “That’s exactly why I’m calling.”

1 C. If the consumer replied “Yes,” the Agent Scripts instructed the agent to reply
2 “Okay that’s exactly why I’m calling.”

3 D. If the consumer replied “No,” the Agent Scripts instructed the agent to reply
4 “That’s exactly why I’m calling.”

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6 CONCLUSIONS OF LAW

7 The Director CONCLUDES that:

8 22. Under ORS 744.059(2)(b), a business entity is required to designate a licensed
9 insurance producer responsible for the business entity’s compliance with the Insurance
10 Code.

11 23. As the DRLP for Century Benefits, Beaudoin is responsible for Century
12 Benefits’ compliance with the Insurance Code.

13 24. Under ORS 731.252(1), whenever the Director has reason to believe that any
14 person has been engaged or is engaging or is about to engage in any violation of the
15 Insurance Code, the Director may issue an order to discontinue or desist from such
16 violation or threatened violation.

17 Violations of ORS 744.074(1)(b) and ORS 744.074(1)(m)

18 25. Under ORS 744.074(1)(b), the Director may place a licensee on probation or
19 revoke an insurance producer license, and may take other actions authorized by the
20 Insurance Code in lieu thereof or in addition thereto, for violating any insurance laws of
21 another state.

22 26. Respondents violated the insurance laws of Arizona, Nevada, Utah or
23 Michigan on 815 separate occasions as described in Paragraphs 8A through 8D.

24 27. Respondents violated Utah Code Section 31A-21-302 on 3,563 separate
25 occasions as described in Paragraph 19.

26 28. Under ORS 744.074(1)(m), the Director may place a licensee on probation or

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1 revoke an insurance producer license, and may take other actions authorized by the
2 Insurance Code in lieu thereof or in addition thereto, for knowingly accepting insurance
3 business from an individual who is not licensed.

4 29. Respondents accepted unlicensed insurance business on 815 separate
5 occasions as described in Paragraphs 8A through 8D.

6 Violations of ORS 744.074(1)(h)

7 30. Under ORS 744.074(1)(h), the Director may place a licensee on probation or
8 revoke an insurance producer license, and may take other actions authorized by the
9 Insurance Code in lieu thereof or in addition thereto, for using fraudulent, coercive or
10 dishonest practices, or demonstrating incompetence, untrustworthiness or financial
11 irresponsibility in the conduct of business in this state or elsewhere.

12 31. Respondents demonstrated incompetence, untrustworthiness or financial
13 irresponsibility as described in the nine consumer complaints in Paragraphs 9 through 17
14 above.

15 Violations of ORS 746.100 and ORS 744.074(1)(b)

16 32. Under ORS 746.100, no person shall make a false or fraudulent statement or
17 representation for the purpose of obtaining a fee, commission, money or benefit from an
18 insurer.

19 33. Respondents made a false statement or representation for the purpose of
20 obtaining a fee, commission, money or benefit from an insurer by enrolling DW in an
21 AIG accident policy that DW did not want and without DW's knowledge or consent as
22 described in Paragraphs 13A through 13B above.

23 34. Respondents made a false statement or representation for the purpose of
24 obtaining a fee, commission, money or benefit from an insurer by enrolling RC in a
25 critical illness protection plan that RC did not want and without RC's knowledge or
26 consent as described in Paragraphs 14A through 14F above.





1 35. Respondents made a false statement or representation for the purpose of
2 obtaining a fee, commission, money or benefit from an insurer by enrolling LN into an
3 AIG accident expense plus policy that LN did not want and without LN's knowledge or
4 consent as described in Paragraphs 15A through 15D above.

5 36. Respondents made a false statement or representation for the purpose of
6 obtaining a fee, commission, money or benefit from an insurer by telling SN that her
7 physician was a preferred provider in her policy as described in Paragraphs 16A through
8 16D above.

9 37. Respondents made a false statement or representation for the purpose of
10 obtaining a fee, commission, money or benefit from an insurer by enrolling GL into a
11 vision and dental plan that GL did not want and without GL's knowledge or consent as
12 described in Paragraphs 17A through 17F above.

13 38. Respondents made a false statement or representation for the purpose of
14 obtaining a fee, commission, money or benefit from an insurer by providing Agent
15 Scripts that instructed agents to inform consumers that the Century Benefits agent was
16 contacting the consumer because the consumer failed to click a button on a website when
17 there was no button to select or click as described in Paragraphs 20C through 20E above.

18 39. Respondents made a false statement or representation for the purpose of
19 obtaining a fee, commission, money or benefit from an insurer by providing Agent
20 Scripts that instructed agents, regardless of the reply from the consumer, to respond with
21 the statement "that's exactly why I'm calling" as described in Paragraph 20C and 21A
22 through 21D above.

23 40. Under ORS 744.074(1)(b), the Director may place a licensee on probation or
24 revoke an insurance producer license, and may take other actions authorized by the
25 Insurance Code in lieu thereof or in addition thereto, for violating any insurance laws.

26 41. Respondents violated the insurance law ORS 746.100 on seven separate

1 occasions as described in Paragraph 33 through Paragraph 39.

2 Violations of ORS 744.074(3)

3 42. Under ORS 744.074(3), the Director may suspend, revoke or refuse to issue or
4 renew the insurance producer license of a business entity if the director determines that
5 an individual licensee's violation was known or should have been known by one or more
6 of the partners, officers or managers acting on behalf of the partnership or corporation but
7 the violation was not reported to the director and corrective action was not taken.

8 43. Beaudoin knew or should have known that the individual licensees described
9 in Paragraphs 8A through 8D above were violating the insurance laws of other states.

10 44. Eachon knew or should have known that the individual licensees described in
11 Paragraphs 8A through 8D above were violating the insurance laws of other states.

12 45. Beaudoin knew or should have known that the 47 individual licensees
13 described in Paragraphs 19 above were violating the insurance law(s) of Utah.

14 46. Eachon knew or should have known that the 47 individual licensees described
15 in Paragraphs 19 above were violating the insurance law(s) of Utah.

16 Civil Penalty

17 47. Under ORS 731.988(1), the Director may assess CIVIL PENALTIES in an
18 amount not to exceed \$10,000 per violation against a person who violates any provision
19 of the Insurance Code or any lawful rule of the Director. Each violation is a separate
20 offense.

21
22 **ORDERS**

23 The Director issues the following ORDERS:

24 Order to Cease and Desist

25 48. As authorized by ORS 731.252(1), the Director ORDERS Respondents to
26 CEASE AND DESIST from violating any provision of the Insurance Code or the

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350 Winter Street NE, Suite 410
Salem, OR 97301-3881
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1 administrative rules promulgated thereunder.

2 Order Placing Respondents on Probation

3 49. As authorized by ORS 744.074(1), the Director ORDERS that the resident
4 insurance producer licenses of Respondents be subject to the terms of probation below.

5 A. Respondents shall obey all federal, state, and local laws.

6 B. Respondents shall comply with all insurance statutes, rules, and regulations.

7 C. Respondents will comply with all licensing requirements of any state.

8 D. Beaudoin will submit proof of completion of eight hours of continuing
9 education in ethics to the Division (DFR.ReportEnforcement@oregon.gov) within 180
10 days of the effective date of this Consent Order. This continuing education requirement
11 is in addition to any other continuing education requirements for maintenance of
12 Respondents' licenses.

13 E. Eachon will submit proof of completion of eight hours of continuing
14 education in ethics to the Division (DFR.ReportEnforcement@oregon.gov) within 180
15 days of the effective date of this Consent Order. This continuing education requirement
16 is in addition to any other continuing education requirements for maintenance of
17 Respondents' licenses.

18 F. During the term of this probation, Respondents will submit all Agent Scripts
19 used by Century Benefits agents to the Division (DFR.ReportEnforcement@oregon.gov)
20 within 30 days of development of the scripts. Century Benefits will not be in violation of
21 the terms of this Order for use of the revised Agent Script during the pendency of
22 approval by the Division or for 5 working days after the Division's response, to allow
23 Century Benefits time to implement any required changes.

24 G. Beginning not later than October 31, 2017, Respondents will have installed
25 and made operational a system designed to record all phone conversations between
26 consumers and Century Benefits agents. The system will retain all recordings for six



1 months. Upon request from the Division, Respondents will provide the Division with
2 any requested recordings within three business days of such request. If phone recordings
3 for a specific consumer are requested, the Division will provide Respondent with the
4 name of the consumer, date, and approximate time of the call with the request.

5 H. Respondents will request insurer maintained recorded telephonic and/or
6 electronic signature confirmation for all consumers purchasing any supplemental
7 insurance product upon request and provide such consumer confirmation to the Division
8 upon receipt from the insurer.

9 I. Respondents will file to inactivate the assumed business name Marketplace
10 Health Insurance, not renew the assumed business name when it expires, and continue to
11 not use the assumed business name in the course of business.

12 J. Respondents will provide to each health and life consumer a written Summary
13 of Enrollment Confirmation within ten (10) days of purchase (with a 1% margin of error)
14 that includes:

- 15 i. The date, cost, insurer, and type of insurance purchased;
- 16 ii. A description of insurance products available through Century Benefits; and,
- 17 iii. A number to contact a manager, supervisor or officer of Century Benefits with
18 any questions, concerns, or to request changes outside of the originating sales agent.

19 K. For the first twelve months from entry of this Order, Respondents shall
20 provide to the Division (DFR.ReportEnforcement@oregon.gov) on the 15th day of each
21 month a production report from their agency management system for the prior month
22 listing each accident, health, and life policy that has been reported to Century Benefits as
23 having been placed and showing:

- 24 i. Insured last name and state of residence;
- 25 ii. Agent last name and effective date of license of agent in state of residence of
26 insured;



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3 54. The \$50,000 CIVIL PENALTY assessed above that is not suspended is due
4 and payable at the time this Consent Order is returned to the Division.

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6 SO ORDERED this 5th day of October, 2017.

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JEAN M. STRAIGHT, Acting Director
Department of Consumer and Business Services

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/s/ David Tatman
David C. Tatman, Chief of Enforcement
Division of Financial Regulation

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CONSENT TO ENTRY OF ORDER

I, Joel Beaudoin, state that I have read the foregoing Consent Order and that I know and fully understand the contents hereof; that the factual allegations stated herein are true and correct; that I have been advised of my right to a hearing, and that I have been advised of my right to be represented by counsel in this matter; that I voluntarily consent to the entry of this Consent Order without any force or duress, expressly waiving any right to a hearing in this matter, as well as any rights to administrative or judicial review of this Consent Order; that I understand that the Director reserves the right to take further actions against me to enforce this Consent Order or to take appropriate action upon discovery of other violations of the Insurance Code by me; and that I will fully comply with the terms and conditions stated herein.

I understand that this Consent Order is a public document.

/s/ Joel Beaudoin

Signature

State of Oregon

County of Multnomah

Signed or attested before me on this 29 day of September, 2017

by Joel Beaudoin.

/s/ Lalah Lynne Johnson

Notary Public

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CONSENT TO ENTRY OF ORDER

I, Andrew Eachon, state that I have read the foregoing Consent Order and that I know and fully understand the contents hereof; that the factual allegations stated herein are true and correct; that I have been advised of my right to a hearing, and that I have been advised of my right to be represented by counsel in this matter; that I voluntarily consent to the entry of this Consent Order without any force or duress, expressly waiving any right to a hearing in this matter, as well as any rights to administrative or judicial review of this Consent Order; that I understand that the Director reserves the right to take further actions against me to enforce this Consent Order or to take appropriate action upon discovery of other violations of the Insurance Code by me; and that I will fully comply with the terms and conditions stated herein.

I understand that this Consent Order is a public document.

/s/ Andrew Eachon

Signature

State of Oregon

County of Multnomah

Signed or attested before me on this 29 day of September, 2017

by Andrew Eachon.

/s/ Lalah Lynne Johnson

Notary Public

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ENTITY CONSENT TO ENTRY OF ORDER

I, Joel Beaudoin, state that I am an officer of Century Benefits, LLC and I am authorized to act on its behalf. I have read the foregoing Consent Order, and I know and fully understand the contents hereof. I have been advised of the right to a hearing and of the right to be represented by counsel in this matter. Century Benefits, LLC voluntarily and without any force or duress consents to the entry of this Consent Order expressly waiving any right to a hearing in this matter. Century Benefits, LLC understands that the Director reserves the right to take further actions to enforce this Consent Order or to take appropriate action upon discovery of other violations of the Oregon Insurance Code. Century Benefits, LLC will fully comply with the terms and conditions stated herein.

Century Benefits, LLC further assures the Director that neither Century Benefits, LLC nor its officers, directors, employees, or agents will transact insurance in Oregon unless such activities are in full compliance with the Oregon Insurance Code. Century Benefits, LLC understands that this Consent Order is a public document.

Dated this 29 of September 2017.

/s/ Joel Beaudoin
Signature

Owner
Office Held

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Telephone: (503) 378-4387



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ENTITY ACKNOWLEDGMENT

There appeared before me this 29 day of September,
2017, Joel Beaudoin, who was first duly sworn on oath, and
stated that he was and is an officer of Century Benefits, LLC and that he/she is
authorized and empowered to sign this Consent to Entry of Order on behalf of Century
Benefits, LLC and to bind Century Benefits, LLC to the terms hereof.

/s/ Lalah Lynne Johnson
Notary Public for the State of: Oregon
My commission expires: 9/15/2020

Division of Financial Regulation
Labor and Industries Building
350 Winter Street NE, Suite 410
Salem, OR 97301-3881
Telephone: (503) 378-4387

