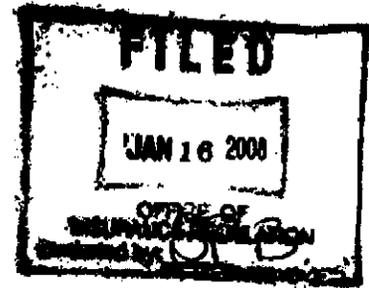




OFFICE OF INSURANCE REGULATION



KEVIN M. McCARTY  
COMMISSIONER

IN THE MATTER OF:

**PRO-MED HEALTH NETWORK, INC.**  
2006 Market Conduct Examination

CASE NO.: 91457-07-CO

**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between PRO-MED HEALTH NETWORK, INC. (hereinafter referred to as "PRO-MED") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. PRO-MED is a domestic discount medical plan organization authorized to transact discount medical plan business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Chapter 636, Part II, Florida Statutes.
3. The OFFICE conducted a market conduct examination of PRO-MED in 2006 pursuant to Section 636.206, Florida Statutes. As a result, it has been determined that PRO-MED violated the following provisions of the Florida Insurance Code:

a. Section 636.216(3), Florida Statutes – Use of forms that have not been filed with and approved by the Office.

b. Section 636.226, Florida Statutes – Failure to maintain an up-to-date and complete provider list on its website; failure to have an Internet website address prominently displayed on the membership card.

4. PRO-MED expressly waives its right to a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and/or other proceedings herein to which the parties may now or in the future be entitled, either by law or by rules of the OFFICE. PRO-MED hereby knowingly and voluntarily waives all rights to challenge or to contest this Order, in any forum now or in the future available, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. PRO-MED agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

a. PRO-MED shall pay an administrative penalty of Two Thousand Dollars (\$2,000) and administrative costs of Three Thousand Dollars (\$3,000) on or before the 30th day after this Consent Order is executed.

b. PRO-MED shall, within 30 days of the execution of this Consent Order, provide to the OFFICE a certification signed by an officer of the Company that the corrective actions outlined in the examination report have been completed.

6. PRO-MED is hereby placed on notice of the requirements of the above-referenced provisions of law and agrees that any future violations of these statutes and rules by PRO-MED may be deemed willful, subjecting PRO-MED to appropriate penalties.

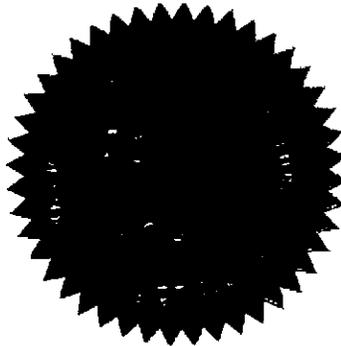
7. PRO-MED agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject PRO-MED to such administrative action as the OFFICE may deem appropriate.

8. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between PRO-MED and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE AND ORDERED this 16TH day of JANUARY, 2008.



*KEYIN M. MCNEIL*  
Commissioner  
Office of Insurance Regulation

By execution hereof, PRO-MED HEALTH NETWORK, INC. consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind PRO-MED HEALTH NETWORK, INC. to the terms and conditions of this Consent Order.

PRO-MED HEALTH NETWORK, INC.

Corporate Seal

By: \_\_\_\_\_

Title: President

Date: 12-18-07

STATE OF Florida )  
COUNTY OF Orange )

The foregoing instrument was acknowledged before me this 20 day of December, 2007,  
by Jorge L. Garcia as President for  
(Name of person) (Type of authority.... e.g. officer, trustee, attorney in fact)  
PRO-MED Health Network, Inc.  
(Company name)

Personally Known  or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Notarial Seal



\_\_\_\_\_  
(Signature of the Notary)  
Helen M. Soto  
(Print, Type or Stamp Commissioned Name of Notary)

My Commission Expires:

**COPIES FURNISHED TO:**

**Jorge Garcia, President & CEO  
Pro-Med Health Network, Inc.  
1130 South Semoran Blvd., Suite B  
Miami Beach, FL 33140**

**Sam Binnun, Director  
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