



THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

Tom Gallagher

IN THE MATTER OF:

CASE NO. 43162-02 CO

**VANGUARDE ASSET GROUP
VANGUARD ASSET GROUP
VANGUARD ASSET GROUP, INC.
VANGUARD ASSETT GROUP
VANGUARD GROUP, INC.
FINANCIAL INDEPENDENCE &
PROSPERITY NETWORK, INC.
AFMA GROUP INSURANCE TRUST
DWAYNE SAMUELS
ANTHONY WILLIAMS
WILLIAM McCREARY
V. DiCARLO
ROBERT LENORE
PHIL JACKSON**

IMMEDIATE FINAL ORDER

TO:

VANGUARDE ASSET GROUP
120-35 219TH Street
Cambria Heights, NY 11411

VANGUARDE ASSET GROUP
1979 Marcus Avenue, #210-B or #203
Lake Success (New Hyde Park), NY 11042

VANGUARD ASSET GROUP
120-35 219TH Street
Cambria Heights, NY 11411

VANGUARD ASSET GROUP
1979 Marcus Avenue, #201 or #203
Lake Success (New Hyde Park), NY 11042

VANGUARD ASSET GROUP, INC.
120-35 219th Street
Cambria Heights, NY 11411

VANGUARD ASSET GROUP, INC.
1979 Marcus Avenue, #210-B or #203
Lake Success (New Hyde Park), NY 11042

VANGUARD ASSETT GROUP
120-35 219TH Street
Cambria Heights, NY 11411

VANGUARD ASSETT GROUP
1979 Marcus Avenue, #210-B or #203
Lake Success (New Hyde Park), NY 11042

VANGUARD GROUP, INC.
120-35 219TH Street
Cambria Heights, NY 11411

AFMA GROUP INSURANCE TRUST
c/o AMERICAN FINANCIAL MANAGE-
MENT ASSOCIATION, INC.
P.O. Box 3
Tuckerton, NJ 08087

-or-

c/o VANGUARD [ASSET] GROUP, INC.
1979 Marcus Avenue, #210-B or #203
Lake Success (New Hyde Park), NY 11042

-or-

c/o VANGUARD [ASSET] GROUP, INC.
120-35 219TH Street
Cambria Heights, NY 11411

DWAYNE SAMUELS
Vanguard [Asset] Group, Inc.
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YOU ARE HEREBY NOTIFIED that pursuant to the Florida Insurance Code including, Sections 624.307, 624.317, 624.318, 626.201, and 120.569, *Florida Statutes*, the Treasurer and Insurance Commissioner of the State of Florida has caused an investigation to be made of the insurance-related activities of the above-named individuals and entities (hereafter collectively referred to as RESPONDENTS.). As a result of that investigation, the Treasurer and Insurance Commissioner finds:

1. None of the Respondents are currently licensed or authorized, nor have they ever been licensed or authorized in Florida to transact insurance business, including as an insurer, as a Multiple Employer Welfare Arrangement (hereafter, MEWA), as an administrator, or in any other capacity. All insurers, MEWAs, administrators, and others that, and persons who, transact insurance in Florida are required by Florida law to hold a Florida Certificate of Authority or other appropriate licensure issued by the Department in order to conduct business in this State, in accordance with Sections 624.11, 624.401, 626.418(2), 624.437(2), 626.8805, *Florida Statutes*, and other applicable provisions of the Florida Insurance Code. Upon information and belief, the various “Vanguard” entities named herein are one and the same. The spelling and name variations reflect the same variations shown on documents upon which, in part, this Department action is predicated, copies of which are attached as composite Exhibit “A”.

2. Despite the absence of any license to transact insurance, to operate a MEWA, or to act as an administrator in this State, Respondents have in the past engaged and currently engage in the unlicensed, unauthorized, and therefore illegal business of insurance and/or as an illegal MEWA (*as contemplated and defined by the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. ss.1001, et seq.*) [hereafter “ERISA”]), or administrator in violation of the Florida Insurance Code including, Sections 624.401(2) and 624.437(2), 626.8805(1) and 626.901, *Florida Statutes*. Specifically, the Respondents or some of them undertake to insure the health risks of their participants by providing payment for medical and hospital services in return for premium payments made by or on behalf of covered individuals.

3. Section 624.02, *Florida Statutes* defines “Insurance” as follows: *“Insurance” is a contract whereby one undertakes to indemnify another or pay or allow a specified amount or a determinable benefit upon determinable contingencies.*

4. Section 624.03, *Florida Statutes* defines “Insurer” as follows: *“Insurer” includes every person engaged as indemnitor, surety, or contractor in the business of entering into contracts of insurance or annuity.*

5. Section 624.09, *Florida Statutes* defines “Authorized”, “Unauthorized insurer” as follows: *(1) An “authorized” insurer is one duly authorized by a subsisting certificate of authority issued by the department to transact insurance in this state. (2) An “unauthorized” insurer is one not so authorized.*

6. Section 624.10, *Florida Statutes* defines “Transacting insurance” as follows: *“Transact” with respect to insurance includes any of the following, in addition to other applicable provisions of the code: (1) solicitation or inducement. (2) Preliminary negotiations. (3) Effectuation of a contract of insurance. (4) Transaction of matters subsequent to the effectuation of a contract of insurance and arising out of it.*

7. Section 624.437(1), *Florida Statutes* defines “Multiple Employer Welfare Arrangement” as follows: *[a]n employee welfare benefit plan or any other arrangement which is established or maintained for the purpose of offering or providing health insurance benefits or any other benefits, described in s. 624.33, other than life insurance benefits, to the employees of two or more employers, or to their beneficiaries.*

8. Section 626.88(1), *Florida Statutes* defines “Administrator” as follows: *[a]ny person who directly or indirectly solicits or effects coverage of, collects charges or premiums from, or adjusts or settles claims on residents of this state in connection with authorized commercial self-insurance funds or with insured or self-insured programs which provide life or health insurance coverage or coverage of any other expenses described in s.624.33(1), other than any of the following persons... (none of which exceptions are applicable).*

9. Section 626.8805(1), *Florida Statutes* provides, in pertinent part: *It is unlawful for any person to act as or to hold himself or herself out to be an administrator in this state without a valid certificate of authority issued by the Department pursuant to ss. 626.88-626.894.*

10. Section 626.918(2), *Florida Statutes* provides, in pertinent part: *No unauthorized insurer shall be or become an eligible surplus lines insurer unless made eligible by the department in accordance with the following conditions: (a) Eligibility of the insurer must be requested in writing by the Florida Surplus Lines Service Office; (b) The insurer must be currently an authorized insurer in the state or country of its domicile as to the kind or kinds of insurance proposed to be so placed and must have been such an insurer for not less than the 3 years next preceding or must be the wholly owned subsidiary of such authorized insurer or must be the wholly owned subsidiary of an already eligible surplus lines insurer as to the kind or kinds of insurance proposed for a period of not less than 3 years next preceding. However, the department may waive the 3-year requirement if the insurer provides a product or service not readily available to the consumers of this state or has operated successfully for a period of at least 1 year next preceding and has capital and surplus of not less than \$25 million; (c) Before granting eligibility, the requesting surplus lines agent or the insurer shall furnish the department with a duly authenticated copy of its current annual financial statement in the English language and with all monetary values therein expressed in United States dollars... (d)1. The insurer must have and maintain surplus as to policyholders of not less than \$15 million... Any such surplus as to policyholders or trust fund shall be represented by investments consisting of eligible investments for like funds of like domestic insurers under part II of Chapter 625...*

11. None of the Respondents are subject to any exception to the requirements of the Florida Insurance Code for a Certificate of Authority or other appropriate licensure to engage in the business of insurance, to operate as a MEWA, or to act as an administrator in Florida, nor have they qualified as an eligible surplus lines insurer pursuant to the *Florida Insurance Code*.

12. Each of the Respondents presently engage, and have in the past engaged, in the unlicensed, unauthorized, and therefore illegal, insurance business in Florida as an unlicensed, unauthorized, and

therefore, illegal, insurer, MEWA, or administrator by soliciting, making representations to the public concerning, establishing, administering, handling claims for, and otherwise operating a risk-bearing health plan for multiple, unrelated individuals or employers. They do so, in part, under the ruse of soliciting membership in and enrolling participants into the “AFMA Group Insurance Trust” or “Benefit Trust”. In fact, the “Trust” is merely a conduit for transactions by, or is itself, an unauthorized, risk-bearing entity for multiple, unrelated individuals or employers. While the Department does not presently know how many Floridians have been afforded coverage by or through the unauthorized health plans, consumers from various locations throughout the State have informed the Department of unpaid health claims.

13. The Respondents or some of them have established, solicited, sold, made representations and misrepresentations to the public concerning, administered, handled claims for, and otherwise operated such unlicensed, unauthorized, and therefore illegal health insurance or MEWA arrangements, or have operated as an unauthorized administrator in Florida, and continue to do so, to persons throughout Florida. They have done, and continue to do so, *inter alia* by marketing through Florida licensed insurance agents and through otherwise lawful network marketing and financial service organizations. The unauthorized insurance product(s) are and have been known by several product names, including, *Choice Plus*. The product(s) have also been advertised, promoted and marketed through one or more organizations and associations that conduct business in Florida including, the American Financial Management Association (AFMA), and the Wedding Event Videographers Association (WEVA).

14. In conjunction with solicitations, Respondents or some of them have placed and continue to publish, disseminate, circulate, and otherwise place before the public statements regarding the business of insurance that are untrue, deceptive, or misleading. Among those misrepresentations are that the coverage and the rights of the parties to the contract are governed by the Employee Retirement Income Security Act (ERISA), and that the Respondents’ activities are exempt from regulation by the Department, all in violation of the Florida Insurance Code including, Sections 624.401(1), 624.437, and 626.9541, *Florida*

Statutes. Specifically, although purporting to be subject only to Federal regulation as an ERISA plan, the subject health plans and/or the other entities and “associations” named herein, fail to meet even the most rudimentary prerequisites of an ERISA plan.

One of the many factors that disqualify the product(s) as ERISA plans, is that they are generic products marketed and sold to individuals and to multiple employers. As to the sales to employers, no single employer fully self-insures the health claims of its own employees. Employers in a Multiple Employer Welfare Arrangement (MEWA) do not individually self-insure. Instead, the MEWA pools the liabilities of and contributions from the participating employers and is itself risk-bearing just as the Respondents, or some of them, are. Under ERISA, only individual, single-employer based, fully self-insured plans are exempt from State insurance regulation. MEWAs, in which the liabilities of multiple, unrelated employers are pooled, are subject to State insurance regulation.

Further, although a MEWA may claim exemption under ERISA from certain State insurance regulation based upon being collectively bargained, there must first have been a determination by the United States Department of Labor that it is a *bona fide* collectively bargained arrangement. There has been no such determination made as to any of the Respondents or plans that they offer.

15. Alternatively, through the enrollment of consumers into the American Financial Management Association and the Wedding Event Videographers Association, which are, upon the Department’s information and belief, *bona fide* organizations, Respondents or some of them have attempted to create the illusion that the health insurance product comes within the ambit of Section 627.654(1)(a), *Florida Statutes*. That statute provides, in pertinent part:

A group of individuals may be insured under a policy issued to an association...which association has a constitution and bylaws and not less than 25 individual members and which has been organized and has been maintained in good faith for a period of 1 year for purposes other than that of obtaining insurance...

However, there does not exist an insurance policy issued by a Florida authorized insurer that provides primary insurance for members/enrollees, and the plans are not otherwise “fully insured” as required by Florida law. In fact, while the plan documents represent that a major, authorized insurance company, Continental Assurance Company, is affiliated with the product as evidenced by Exhibit “B”, that insurer, through its General Counsel, William K. Borland, has disavowed any such involvement, as evidenced by the attached Exhibit “C”. Similarly, although attached plan documentation references Regions Bank as a “Trustee” of the plan, in an apparent effort to afford it an appearance of legitimacy or financial stability, Regions Financial Corporation has to date disavowed any association with Vanguard according to the attached Exhibit “D”.

Instead, in return for the “premium” paid for the health coverage, benefits are paid, in whole or in part, by or through the Respondents or some of them from its/their then-current cash flow, aggregate participant “contributions”, “membership fees”, “dues”, or other assets. As such, all or some of those entities are themselves bearing the risk of, and processing as an administrator, the medical and health-related claims of those persons covered by policies or benefit contracts issued to multiple employers or individuals throughout the State of Florida, without being licensed as an insurer, as a Multiple Employer Welfare Arrangement, or as an administrator as required by Florida law, and without meeting the statutory and financial requirements of Florida law.

16. As a result of transactions as, or on behalf of, unlicensed insurers, MEWAs, or administrators that have not satisfied the statutory requirements necessary to obtain a Certificate of Authority, the Respondents present a grave and immediate risk of financial harm to the residents of Florida. Without a determination by the Department that the insurer or MEWA meets the statutory capital, surplus, operational, and other requirements, the particularized harm resulting from its operation in Florida include:

- A. The potential inability to meet financial obligations to Florida residents and

entities to whom and to which it has issued policies of insurance or other coverage contracts, caused in whole or in part by insufficient capital, surplus and reserves, by charging inadequate or otherwise actuarially unsound rates or premiums, and by enterprise management that is unlicensed, untrained, and unskilled in insurance operations. In fact, the rates (premiums) charged by the Respondents, and/or the other “associations” named herein, as reflected on its/their solicitation material, are significantly less than those rates charged by legitimate, licensed insurers and approved by the Department for comparable health insurance coverage, and reflect actuarial insufficiency in comparison to the benefits promised in the contracts.

B. The issuance of policies or contracts on forms that have not been approved by the Department of Insurance and which therefore do not contain the safeguards and disclosures for the benefit of the public that have been determined by the Legislature to be necessary and that are required by the Florida Insurance Code;

C. The adverse financial impact upon healthcare providers from illicit insurance activity and from the non-payment of claims, when health care goods and services have been furnished to Florida residents in reliance, in whole or in part, upon the perception or representation that legitimate health insurance or HMO coverage existed to pay for the goods and services;

D. In part, by offering rates that are substantially below those charged by licensed insurers, Respondents induce potential enrollee/employers to abandon their legitimate insurance with lawful, licensed, and regulated insurers, and to purchase the unauthorized and illicit products. By so doing, the enrollees/employers lose both the legal and the financial safeguards that attend group health insurance with an entity that is licensed and regulated by the Department. Those safeguards include, mandatory financial reporting to and oversight by the Department, including as to reserves, which have a direct relationship to the entity’s ability to pay claims on an ongoing basis, and requirements that persons who sell such coverage and who handle claims made under it be licensed and otherwise under the

jurisdiction of the Department to ensure minimal competence, honesty, and adherence to applicable requirements of the Florida Insurance Code.

E. The adverse impact upon Florida residents who have paid the Respondents or some of them for what was represented as legitimate health coverage, but who may be denied medical care and treatment.

F. The adverse impact on future insurability of Florida residents who participate in such illegal plans, under statutes mandating guaranteed-issue health coverage for those persons having requisite prior creditable coverage from or through a legitimate health insurer or HMO.

17. The Respondents' unlicensed transaction of insurance business places Florida residents at grave and immediate risk for the further reason that those entities have not complied with the Department's application procedure for entities that wish to conduct insurance or MEWA business in the State. As a condition of licensure, principals of insurers, MEWAs, and other risk-bearing entities must submit an application to the Department of Insurance, undergo a background check, and otherwise be determined to have the requisite knowledge, experience, honesty, and integrity to transact insurance. These statutes were enacted for the benefit and the protection of the insurance-buying public by requiring that only honest and competent individuals obtain an insurance license and serve as principals of insurance/MEWA entities. The Respondents' unlicensed transaction of insurance business therefore deprives Florida consumers of the benefits of such statutory requirements of competence and honesty.

In the instant case, in February, 2001, Respondent, DWAYNE SAMUELS, who is the current or immediately past President of Vanguard, was barred for life by the United States Department of Labor from having any dealings with or receiving compensation from employee benefit plans. That action resulted from his direct involvement with the operation of a sham health plan for a sham union (International Workers' Guild), that operated under fake collective bargaining agreements in order to circumvent State insurance licensure requirements. The union worked in conjunction with a sham employer association, the National Association of Business Owners and Professionals. Respondent,

DWAYNE SAMUELS was the Vice-President of the Fidelity Group, which administered the phony health plan. In September, 2000, he pled guilty to healthcare fraud in connection with the embezzlement of some \$8 million from the health fund. Attached as composite Exhibit “E” is a copy of a Press Release by the Pension and Welfare Benefit Administration, and a copy of a Semiannual Report to Congress on Labor Racketeering that address the activities of DWAYNE SAMUELS.

18. In State vs. Knott, 166 Fla. 835 (Fla., 1936), the Florida Supreme Court found “that the business of insurance so directly affects the public that it is generally considered to be affected with a public interest, and, being so, is subject to the regulation and control by the Legislature, which includes the power to license and regulate the agents through whom such business is conducted”. Id. at 837. The Court further held that “it would be difficult to find a business that more vitally affects the public interest... Id. In Natelson vs. Department of Insurance, 454 So.2d 31 (Fla. 1st DCA, 1984), the court stated that the business of insurance is “greatly affected by the public trust”. Id at 31. Indeed, insurance contracts are characterized by the law as uberrimae fidei contracts, and as such are agreements “of utmost good faith”.

19. Based upon the foregoing allegations, the Department of Insurance asserts that the Respondents are engaging in the unauthorized and therefore illegal business of insurance in Florida in violation of the Florida Insurance Code including, Sections 624.410, 624.11, 626.112, 624.401(1), 624.437, 626.451, 626.9521, 626.9541, 626.901, and 627.410, *Florida Statutes*.

WHEREFORE, pursuant to the Florida Insurance Code including, Section 624.437(2), *Florida Statutes* as well as Section 120.569(n), *Florida Statutes*, the Treasurer and Insurance Commissioner finds that the continued transaction of insurance without licensure by VANGUARDE ASSET GROUP, INC., VANGUARD ASSET GROUP, INC., VANGUARD ASSETT GROUP, VANGUARD GROUP, INC., FINANCIAL INDEPENDENCE & PROSPERITY NETWORK, INC., AFMA GROUP INSURANCE TRUST, DWAYNE SAMUELS, ANTHONY WILLIAMS, WILLIAM MCCREARY, V. DICARLO,

ROBERT LENORE and PHIL JACKSON and in violation of the Florida Insurance Code, constitutes an immediate danger to the public welfare so as to require the issuance of this Immediate Final Order.

Accordingly, **IT IS HEREBY ORDERED:**

A). The Respondents, whether acting in the State of Florida as an insurer, a Multiple Employer Welfare Arrangement, insurance agents, insurance agencies, insurance adjusters, third-party administrators, managing general agents, or otherwise engaging in the business of insurance, either directly or indirectly through named and unnamed persons, entities, agents, or otherwise, shall forthwith **CEASE AND DESIST** from the transaction of any new or renewal insurance business as or on behalf of unauthorized insurers.

B). The Respondents shall forthwith notify, in writing, each and every agent, broker, salesperson, and other marketing outlet that is presently or that has in the past been used to solicit, sell, or deliver its products in Florida of the cessation of their Florida business because they are unlicensed, and due to this Immediate Final Order, and shall also inform such persons and entities that no further applications will be accepted or contracts issued. Respondents shall further direct each and every agent, broker, salesperson, and other marketing outlet, in writing, to forthwith offer to replace the health coverage of each client, consumer, and person or entity afforded coverage under any of their policies, contracts, or plans with substantially comparable coverage provided by a Florida licensed insurer or health maintenance organization.

The Respondents shall furnish for approval or edit a draft of such notification to the Department within seven (7) business days of this Immediate Final Order. Respondents shall thereafter, within seven (7) business days of receipt by mail or by fax of the Department's approval or edits, mail such letter (in revised form if edited by the Department) to all such agents, brokers, salespersons, and other marketing outlets, and shall immediately thereafter file the sworn attestations of DWAYNE SAMUELS, ANTHONY WILLIAMS, WILLIAM MCCREARY, V.DiCARLO, ROBERT LENORE and PHIL JACKSON that there has been full compliance with this provision.

C). The Respondents shall forthwith notify in writing each Florida subscriber, member, and beneficiary of, and each applicant for, any policy, contract, plan, or other product of the cessation of their business in Florida because it is unlicensed, and due to this Immediate Final Order, and that each such subscriber, member, beneficiary, and applicant should immediately obtain health coverage from a licensed insurer or Health Maintenance Organization.

The Respondents shall furnish for approval or edit a draft of such notification to the Department within seven (7) business days of this Immediate Final Order. They shall, within seven (7) business days of receipt by mail or by fax of the Department's approval or edits, mail such notice (in revised form if edited by the Department) to each such subscriber, member, beneficiary, and applicant, and shall immediately thereafter file the sworn attestations of DWAYNE SAMUELS, ANTHONY WILLIAMS, WILLIAM MCCREARY, V.DiCARLO, ROBERT LENORE and PHIL JACKSON that there has been full compliance with this provision.

If more than one individual in any household is a subscriber, member, beneficiary or applicant, a single notice, properly addressed, to any one such person in that household shall constitute notice to all persons in that household.

In those situations in which the parties named herein contend that a group, association, or other multi-participant policy or contract was issued or applied for, the Respondents shall furnish the requisite notice to each participant, member, beneficiary, and person afforded or to be afforded coverage under each policy or contract. If there is more than one participant, member, beneficiary, or person afforded or to be afforded coverage within a single household, one notice, properly addressed to any one such person in that household shall constitute notice to all persons in that household.

D). The Respondents shall, within fifteen (15) calendar days from the date hereof, deliver to the Department all documents, materials, and things that are itemized on the attached Exhibit "F". The materials shall be accompanied by the sworn attestations of DWAYNE SAMUELS, ANTHONY WILLIAMS, WILLIAM MCCREARY, V.DiCARLO, ROBERT LENORE and PHIL JACKSON that

they conducted a diligent search of all of the records within the actual or constructive control of and of the associations cited herein, and that the materials delivered to the Department in compliance with this provision constitute all of the documents that were located.

E). The Respondents, shall, within fifteen (15) calendar days from the date hereof, deliver to the DEPARTMENT a full and complete accounting of all premiums, “contributions”, “membership fees” and “association” dues collected, and health claims paid or incurred, since the inception of their operation in Florida.

F). Respondents shall continue to be responsible for the payment of claims, and otherwise for the timely fulfillment of its contractual obligations to each subscriber, member, beneficiary, and provider until all Florida claims have been paid. They shall use their assets, including reserves, solely for the payment of claims. For the protection of the public, and to preserve books, records and assets, none of the parties named herein, nor their officers, directors, managers, members, stockholders, trustees, subscribers, agents, employees, associates, or affiliates shall take or permit any action that might waste, conceal or otherwise dispose of the assets, property, books, records, and accounts.

G). This Immediate Final Order, or any amendment thereto, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, or contractual rights of any subscriber, member, beneficiary, or person afforded coverage under any contract, policy, or plan policy or contract, or of any person that furnished health care goods or services pursuant to or in reliance upon the existence of a contract, policy, or plan with, from, or involving the Respondents .

H). The issuance of this Immediate Final Order and the procedural safeguards set forth herein are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance entities engaging in the business of insurance in Florida. A Notice of Intent to Issue a Cease and Desist Order and Assess Penalty will be issued following this Immediate Final Order. Procedures set forth therein afford the Respondents the opportunity to request a proceeding pursuant to

Section 120.57, *Florida Statutes*.

DONE AND ORDERED this _____ day of _____, 2002.

KEVIN MCCARTY
Deputy Insurance Commissioner

NOTICE OF RIGHTS

You are hereby notified that you have the right to request a hearing. The request for hearing must be in writing and filed with the Department within five (5) days of the receipt of this Order, excluding weekends or holidays. If a written request is timely filed, the affected party(ies) will be given an opportunity for a hearing at a convenient time in Tallahassee, Florida. The hearing will be limited to a review of the finding that the facts recited present an immediate threat to the public health, safety, and welfare sufficient to justify the entry of this Immediate Final Order. Failure to file a request for a hearing within five (5) days constitutes a waiver, and no hearing will be held.

You are hereby further notified that you have a right to request an advisory opinion or information letter as to your status and as to the effect of certain acts and transactions under the Retirement Income Security Act (ERISA) pursuant to ERISA Proc. 76-1, from the Pension and Welfare Benefits Administration of the United States Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210

Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, *Florida Statutes*, and Rule 9.110, *Fla.R.App.P.* Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel, acting as the agency clerk, at 612 Larson Building, Tallahassee, Florida 32399-0333, and a copy of the same with the appropriate district court of appeal, within thirty (30) days of rendition of this Order.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Immediate Final Order has been sent by Certified Mail this _____ day of _____, 2002 to:

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