

FILED

MAY 15 2012

Disseminated by: HT



OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 91262-07

HUMANA MEDICAL PLAN, INC.

Life and Health Market Investigation

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between HUMANA MEDICAL PLAN, INC. (hereinafter referred to as "HMP") 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. HMP is a domestic insurer authorized to transact insurance business in Florida, and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE has conducted an investigation of HMP pursuant to Section 624.318, Florida Statutes. As a result of such investigation, the OFFICE has determined that HMP failed to protect private consumer information as required by:
 - a. Section 626.9651, Florida Statutes – Privacy;

b. Rule 69O-128.011, Florida Administrative Code – Disclosure of Nonpublic Financial Information to Nonaffiliated Third Parties;

c. Rule 69O-128.017, Florida Administrative Code – Disclosure of Nonpublic Health Information; and

d. Rules 69O-128.030-128.035, Florida Administrative Code – Privacy of Consumer Financial and Health Information.

4. The OFFICE and HMP expressly waive a hearing in this matter, and the making of findings of fact and conclusions of law by the OFFICE and all further and other proceedings herein to which the parties may be entitled by law or rules of the OFFICE. HMP hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

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

6. HMP agrees that upon the execution of this Consent Order, it shall be subject to the following terms and conditions:

a. HMP shall pay an administrative penalty of \$7,000.00 (seven thousand U.S. dollars).

b. HMP shall pay administrative costs of \$3,000.00 (three thousand U.S. dollars) in costs.

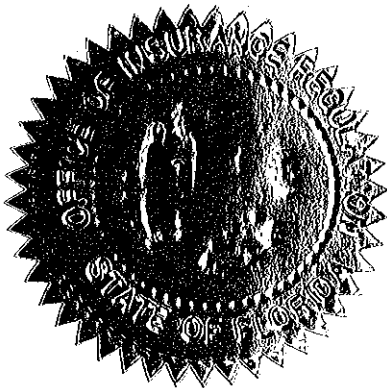
c. HMP is hereby placed on notice of the requirements of the above-referenced sections of law and agrees that any future violations of these sections by HMP may be deemed willful, subjecting HMP to appropriate penalties.

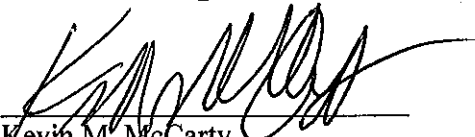
7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

WHEREFORE, the agreement between HMP 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 15th day of May, 2012.




Kevin M. McCarty
Commissioner
Office of Insurance Regulation

By execution hereof HUMANA MEDICAL PLAN, INC. consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents, pursuant to Section 624.310, Florida Statutes, that he/she has the authority to bind HUMANA MEDICAL PLAN, INC. to the terms and conditions of this Consent Order.

Corporate Seal

HUMANA MEDICAL PLAN, INC.
By [Signature]
J. GREGORY CATRON
Print or Type Name
Title: VICE PRESIDENT
Date: 4-12-12

STATE OF KENTUCKY
COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me this 12th day of APRIL, 2012,
by J. GREGORY CATRON as VICE PRESIDENT
(Name of Person) (Type of Authority... e.g. Officer, Trustee Attorney in Fact)
for HUMANA MEDICAL PLAN, INC.
(Company Name)

Janet J. Harper
(Signature of the Notary)
JANET T. HARPER
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known or Produced Identification _____
Type of Identification Produced _____

[NOTARIAL SEAL]

My Commission Expires: 10-2-13



Janet T. Harper, Notary Public
State at Large
Kentucky
My Commission Expires: October 2, 2013

COPIES FURNISHED TO:

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Statewide Director, Regulatory Compliance
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Assistant General Counsel
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-4206**



FINANCIAL SERVICES
COMMISSION

RICK SCOTT
GOVERNOR

JEFF ATWATER
CHIEF FINANCIAL OFFICER

PAM BONDI
ATTORNEY GENERAL

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

OFFICE OF INSURANCE REGULATION

Kevin M. McCarty
Commissioner

INVOICE

ADMINISTRATIVE PENALTY IMPOSED BY CONSENT ORDER

In order to ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and **return this invoice with your payment** to:

**Department of Financial Services
Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100**

REFERENCE

NAME: Humana Medical Plan, Inc.
ADDRESS: 3501 S. W. 160th Ave.
CITY, STATE, ZIP: Miramar, FL 33027-4695
FEID: 61-1103898
NAIC COCODE: 95270
EXAM YR END: 2007
CASE #: 91262-07
ATTORNEY: Stephen H. Thomas, Jr.
SOURCE: Market Investigations #7168 LH

*Fine Due: \$7,000.00
Costs Due: \$3,000.00
Total Amount Due: \$10,000.00*

Amount Remitted:

OFFICIAL USE ONLY – PLEASE DO NOT MARK BELOW THIS LINE

<u>B/T</u>	<u>T/C</u>	<u>F/T</u>	<u>AMOUNT</u>
C	1105	J	\$7,000.00
C	1249	J+	\$3,000.00