

FILED

MAY 15 2012



Docketed by: NT

OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 91263-07

HUMANA HEALTH INSURANCE COMPANY  
OF FLORIDA, INC.

Life and Health Market Investigation

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CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. (hereinafter referred to as "HHIC") 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. HHIC 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 HHIC pursuant to Section 624.318, Florida Statutes. As a result of such investigation, the OFFICE has determined that HHIC 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 HHIC 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. HHIC 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. HHIC 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 HHIC to such administrative action as the OFFICE may deem appropriate.

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

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

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

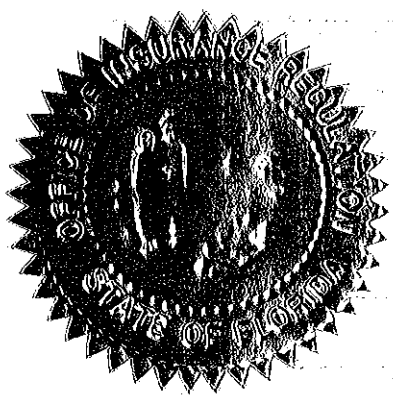
c. HHIC is hereby placed on notice of the requirements of the above-referenced sections of law and agrees that any future violations of these sections by HHIC may be deemed willful, subjecting HHIC to appropriate penalties.

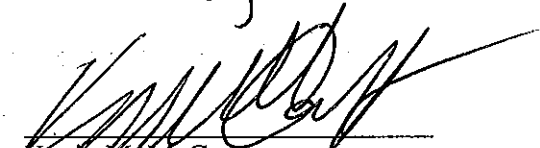
7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

WHEREFORE, the agreement between HHIC 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 15<sup>th</sup> day of May, 2012.



  
\_\_\_\_\_  
Kevin M. McCarty  
Commissioner  
Office of Insurance Regulation

By execution hereof HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, 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 HEALTH INSURANCE COMPANY OF FLORIDA, INC. to the terms and conditions of this Consent Order.

HUMANA HEALTH INSURANCE  
COMPANY OF FLORIDA, INC.

Corporate Seal

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 12<sup>th</sup> 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 HEALTH INSURANCE  
(Company Name) COMPANY OF  
FLORIDA, INC.

[Signature]  
(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:**

**Michael McCallister**  
President & CEO  
3501 SW 160th Ave.  
Miramar, FL 33027

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Statewide Director, Regulatory Compliance  
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Miramar, FL 33027

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Office of Insurance Regulation, Market Investigations  
200 East Gaines Street, Room 216E  
Tallahassee, Florida 32399-4210

**Stephen H. Thomas, Jr.**  
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

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**REFERENCE**

NAME: Humana Health Ins. Co. of Florida, Inc.  
ADDRESS: 3501 S. W. 160<sup>th</sup> Ave.  
CITY, STATE, ZIP: Miramar, FL 33027-4695  
FEID: 61-1041514  
NAIC COCODE: 69671  
EXAM YR END: 2007  
CASE #: 91263-07  
ATTORNEY: Stephen H. Thomas, Jr.  
SOURCE: Market Investigations #7167 LH

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

*Amount Remitted:*

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**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