# STATE OF CONNECTICUT

*INSURANCE DEPARTMENT*

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|---|---|---|
| IN THE MATTER OF: | : | |
| DAVID W. RUDOLF | : | DOCKET No.: FC 20-46 |
| and | : | |
| RUDOLF ASSOCIATES, INC | : | |
| Respondents | : | |

STIPULATION AND CONSENT ORDER

On this 15th day of April, 2020, it is hereby stipulated and agreed between David W. Rudolf and the State of Connecticut Insurance Department by and through Andrew N. Mais, Insurance Commissioner to wit:

I

WHEREAS, David W. Rudolf ("Respondent") is licensed as a resident insurance producer, license number 000949603, by the State of Connecticut Insurance Department ("Department") and is the owner and licensed designee of Rudolf Insurance Associates LLC., license number 002295183.

WHEREAS, pursuant to an investigation, the Commissioner alleges that the Respondent sold unapproved insurance product offered by an unauthorized multiple employer welfare arrangement ("MEWA") in the State of Connecticut.

WHEREAS, Rudolf relied upon direction of a broker who consulted with legal counsel and advised Rudolf of the legality of the sale of the MEWA product in the State of Connecticut.

WHEREAS, the parties desire to fully resolve the matter without admitting or denying the allegations of the Department.

WHEREAS, the conduct described above is in violation of Sections 38a-702k, 38a-702b and 38a-769 of the Connecticut General Statutes, and of Sections 38a-272-1 through 38a-272-10 of the Regulations of Connecticut State Agencies, and constitutes cause pursuant to Sections 38a-702k, 38a-704 and 38a-774 of the Connecticut General Statutes for the suspension or revocation of the Respondent's insurance licenses, and/or for the imposition of a fine, and/or for criminal prosecution.



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II

WHEREAS, the Respondent neither admits nor denies the allegations contained in Article I of this Stipulation and Consent Order.

WHEREAS, in an effort to avoid the expenses and uncertainty of litigation and/or an administrative proceeding, the Respondent, while neither admitting nor denying the allegations contemplated by the Department, agrees to voluntarily waive:

a. any right to a hearing;

b. any requirement that the Commissioner's decision contain a statement of findings of fact and conclusions of law; and

c. any and all rights to object to or challenge before the Commissioner or in any judicial proceedings any aspect, provision or requirement of this Stipulation and Consent Order.

WHEREAS, the Respondent agrees to pay an administrative assessment in the amount of Five Hundred Dollars ($500.00) payable to 'Treasurer, State of Connecticut' for the violations described herein upon submission of this Stipulation and Consent Order.

WHEREAS, the Respondent agrees to a period of probation of one year beginning on the date of execution of this Stipulation and Consent Order.

WHEREAS, the Respondent agrees to pay for any unpaid medical claims incurred by any Connecticut residents who have purchased unauthorized health insurance offered by the MEWA through the Respondent if such MEWA, or an independent fiduciary appointed to dispose the claims against the MEWA, is unable to satisfy outstanding claim, regardless of the limit.

WHEREAS, the Respondent agrees that any of the following actions during the one-year period of probation will result in automatic revocation of his insurance licenses: (1) any violation of this Stipulation and Consent Order; (2) any failure to abide by the reporting requirements for licensees seeking to do business with certain unauthorized Multiple Employer Welfare Arrangements pursuant to §§ 38a-272-1 through 38a-272-10, inclusive, of the Regulations of Connecticut State Agencies; (3) aids and abets any unlicensed or unauthorized insurer conducting an insurance business in this state; or (4) violates any insurance laws.

NOW THEREFORE, upon consent of the parties, it is hereby agreed that:

1. the Insurance Department has jurisdiction of the subject matter of this administrative proceeding;

2. all insurance licenses issued to Respondent shall be placed on a probationary status for a one-year period, commencing on the above date of this Stipulation and Consent Order

3. the Respondent shall cooperate with the Department in any investigation related to the matter that form the basis for this Stipulation and Consent Order;

4. the Respondent shall be responsible for the payment of any insured health claims made while Respondent was agent of record and prior to his transfer to a new agent of record, which claims were incurred by Connecticut residents who purchased health insurance prior to this stipulation offered by the MEWA and through the Respondent. Respondent shall be liable for said claims, as required by law and /or not compensated by a third party.

5. this Stipulation and Consent Order cannot be construed as to settle, release or preclude any other claims or actions that could be advanced or maintained by third parties and arising out of the facts alleged herein against the Respondent. Respondent maintains all rights, defenses and claims permitted by law;

6. the Respondent is assessed an administrative assessment in the amount of five hundred dollars ($500.00) for investigation and findings listed in this Stipulation and Consent Order; and

7. the Respondent consents to the revocation of his insurance license if he fails, during the period of probation, to cooperate with the Department or abide by any of the above conditions and, in that respect, he voluntarily waives (a) any right to a hearing; (b) any requirement that the Insurance Commissioner's decision contain a statement of findings of fact and conclusions of law; and (c) any and all right to object to or challenge before the Insurance Commissioner or in any administrative or judicial proceedings any aspect, provision or requirement of this Stipulation and Consent Order, provided that the Respondent shall be given a prior reasonable opportunity to show compliance with the requirements for maintaining his license.

CERTIFICATION:

The undersigned, being duly sworn, deposes and says that he has duly executed this Stipulation and Consent Order on this 15 day of April, 2020, for and on behalf of himself and Rudolf Associates, LLC, that he is the Designated Licensed Responsible Person of such company, and that he has authority to execute such instrument.

By: _____
David W. Rudolf

State of Connecticut )
) ss: Danbury
County of: Fairfield )

Personally appeared before me on this 15 day of April 2020, David W. Rudolf, who acknowledged that he is the Designated Responsible Licensed Person and owner of Rudolf Associates, LLC, a limited liability company, and that on behalf of himself and as such designee, being duly authorized so to do, he executed the foregoing instrument for the purposes therein contained.

SUSAN PERRY
NOTARY PUBLIC
State of Connecticut
My Commission Expires
January 31, 2022

_____
Notary Public/Commissioner of the Superior Court

**Section below to be completed by State of Connecticut Insurance Department**

SO ORDERED at Hartford, Connecticut this 28 day of April, 2020

_____
Andrew N. Mais
Insurance Commissioner