

No. **2025-9072**

**Official Order  
of the  
Texas Commissioner of Insurance**

**Date: 01/14/2025**

**Subject Considered:**

1-2-1 Claims, Inc.  
PO Box 2392  
Boerne, Texas 78006-6392

Default Order  
TDI Enforcement File No. 35785

**General Remarks and Official Action Taken:**

This is a default order taken against 1-2-1 Claims, Inc. (Respondent) because it failed to comply with requirements to maintain its third party administrator (TPA) certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's certificate of authority.

The following findings of fact and conclusions of law are adopted.

**Findings of Fact**

Failure to Respond to Notice of Allegations

1. On November 21, 2024, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.
2. The department sent the Notice of Allegations to: Respondent's last known address provided in writing to the department, PO Box 2392, Boerne, Texas 78006-6392; and, to an additional address associated with Respondent, 14893 Bandera Road Suite 7, Helotes, TX 78023-3742.

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3. Respondent received and waived an opportunity for a hearing because Respondent failed to send the department a written response to the Notice of Allegations within 20 days after the date the Notice of Allegations was mailed.
4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

### Conclusions of Law

1. The commissioner has jurisdiction under Texas law, including TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178, 2001.003(1); and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.
2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.
3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.28 and 1.47.
4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.
5. Respondent failed to show compliance with the law.
6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

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## Order

It is ordered that the third party administrator certificate of authority held by 1-2-1 Claims, Inc. is revoked.

It is also ordered that 1-2-1 Claims, Inc. cease and desist from engaging in the business of a third party administrator in Texas.

Signed by:  
  
FC5D7EDDFFB4F8... \_\_\_\_\_  
Cassie Brown  
Commissioner of Insurance

Prepared and reviewed by:



\_\_\_\_\_  
Anna Kalapach, Staff Attorney  
Enforcement

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## Affidavit

**STATE OF TEXAS** §

§

**COUNTY OF TRAVIS** §

Before me, the undersigned authority, personally appeared Roxanne Rodriguez, who, being by me duly sworn, deposed as follows:

"My name is Roxanne Rodriguez and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning 1-2-1 Claims, Inc. I have confirmed that:

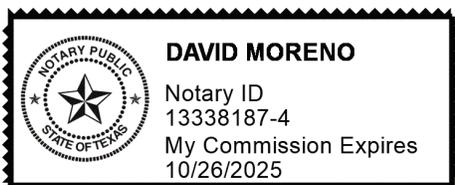
- a. The last mailing address provided to the department in writing by 1-2-1 Claims, Inc. is PO Box 2392, Boerne, Texas 78006-6392.
- b. The file maintained by Enforcement contains a Notice of Allegations dated November 21, 2024, which was sent to 1-2-1 Claims, Inc.
- c. On November 21, 2024, the Notice of Allegations addressed to 1-2-1 Claims, Inc. was mailed first-class and certified, return receipt requested, to its last known address and an additional address: 14893 Bandera Road Suite 7, Helotes, TX 78023-3742.

Copies of the first-class mail log and certified mail log maintained by Enforcement are attached as Exhibit B and Exhibit C, respectively."

Signed by:  
  
290AE06B8982404...  
Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 12/12/2024. This notarial act was an online notarization.

### Notary Seal



### Digital Certificate

DocuSigned by:  
  
455E4109E15D4CD...  
Notary Public State of Texas

**2025-9072**



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

November 21, 2024,

1-2-1 Claims, Inc.  
PO Box 2392  
Boerne, TX 78006-6392

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1123 89  
Via Email to: jellington@athensadmin.com

1-2-1 Claims, Inc.  
14893 Bandera Road Suite 7  
Helotes, TX 78023-3742

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1124 95

**TDI ENFORCEMENT CASE NO. 35785  
NOTICE OF ALLEGATIONS AGAINST 1-2-1 CLAIMS, INC.**

The Texas Department of Insurance (TDI) seeks to take disciplinary action against 1-2-1 Claims, Inc. (1-2-1 Claims), to revoke its certificate of authority to act as a third party administrator. This Notice states the allegations against 1-2-1 Claims and the relief sought by TDI.

**YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS**

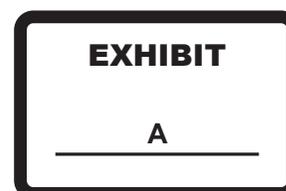
**YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW.** To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Anna Kalapach, Staff Attorney  
Texas Department of Insurance  
Enforcement, MC ENF



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Notice of Allegations

1-2-1 Claims, Inc.

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P.O. Box 12030  
Austin, Texas 78711-2030  
(512) 490-1020 (Fax)  
anna.kalapach@tdi.texas.gov

## Jurisdiction

The commissioner of insurance has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178; 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609; and TEX. GOV'T CODE § 2001.003(1).

## Factual Allegations

1. On April 27, 2007, TDI issued 1-2-1 Claims' third party administrator (TPA) certificate of authority no. 2989464.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.
4. TPAs must pay a non-refundable \$200 filing fee for each annual report.
5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.
6. 1-2-1 Claims failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2019-2023.

## Legal Allegations

1. 1-2-1 Claims failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.

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2. 1-2-1 Claims failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).
3. 1-2-1 Claims has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
4. 1-2-1 Claims has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

## Relief Sought

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;
2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and
3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,



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Anna Kalapach  
State Bar No. 24083290  
Texas Department of Insurance  
Enforcement, MC ENF  
P.O. Box 12030  
Austin, Texas 78711-2030  
(512) 676-6326 (Direct)  
(512) 490-1020 (Fax)  
anna.kalapach@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF  
Rachel Cloyd, Litigation Director, Enforcement, MC: ENF

**CERTIFICATE OF SERVICE**

I, Anna Kalapach, certify that a true and correct copy of this *Notice of Allegations Against 1-2-1 Claims, Inc.*, was sent by the following methods on this 21st day of November, 2024 to:

1-2-1 Claims, Inc.  
PO Box 2392  
Boerne, TX 78006-6392

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1123 89  
Via Email to: jellington@athensadmin.com

1-2-1 Claims, Inc.  
14893 Bandera Road Suite 7  
Helotes, TX 78023-3742

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1124 95



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Anna Kalapach





Firm Mailing Book For Accountable Mail

2025-9072

- Name and Address of Sender  
 ENF M RUIZ  
 1601 CONGRESS AVENUE  
 STE 6.900  
 AUSTIN TX 78701
- Check type of mail or service  
 Adult Signature Required  
 Adult Signature Restricted Delivery  
 Certified Mail  
 Certified Mail Restricted Delivery  
 Collect on Delivery (COD)  
 Insured Mail  
 Priority Mail  
 Priority Mail Express  
 Registered Mail  
 Return Receipt for Merchandise  
 Signature Confirmation  
 Signature Confirmation Restricted Delivery

Affix Stamp Here  
(for additional copies of this receipt).  
Postmark with Date of Receipt.

USPS Tracking/Article Number	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 9214 8901 9403 8389 1123 89 ANNA/35785	0.69	4.85	Handling Charge - if Registered and over \$50,000 in value							2.62			
2. 9214 8901 9403 8389 1124 95	0.69	4.85								2.62			
							Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



EXHIBIT  
C

Total Number of Pieces Listed by Sender: 2

Total Number of Pieces Received at Post Office: 2

Postmaster: PA (Name of receiving employee)

Signature: [Handwritten Signature]



# Shipment Confirmation Acceptance Notice

## A. Mailer Action

**Note to Mailer:** The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 11/21/2024  
Shipped From:  
Name: ENF M RUIZ  
Address: 1601 CONGRESS AVENUE  
City: AUSTIN  
State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	2
<b>Total</b>	<b>2</b>

\*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

## B. USPS Action

Note to RSS Clerk:

1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

USPS EMPLOYEE: Please scan upon pickup or receipt of mail.  
Leave form with customer or in customer's mail receptacle.



USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0057 2070 24



ANNA/35785