

No. **2025-9074**

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

**Date: 01/15/2025**

**Subject Considered:**

Advance Benefit Management Systems USA, Inc.  
4000 Faber Place Dr., Ste. 300  
Charleston, South Carolina 29405-8587

Default Order  
TDI Enforcement File No. 35788

**General remarks and official action taken:**

This is a default order taken against Advance Benefit Management Systems USA, 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, 4000 Faber Place Dr., Ste. 300, Charleston, SC 29405-8587.

# 2025-9074

Commissioner's Order

Advance Benefit Management Systems USA, Inc.

Page 2 of 4

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.

# 2025-9074

Commissioner's Order

Advance Benefit Management Systems USA, Inc.

Page 3 of 4

## Order

It is ordered that the third party administrator certificate of authority held by Advance Benefit Management Systems USA, Inc. is revoked.

It is also ordered that Advance Benefit Management Systems USA, Inc. cease and desist from engaging in the business of a third party administrator in Texas.

Signed by:  
  
FC5D7EDDFFBB4F8...  
\_\_\_\_\_  
Cassie Brown  
Commissioner of Insurance

Prepared and reviewed by:



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

**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 Advance Benefit Management Systems USA, Inc. I have confirmed that:

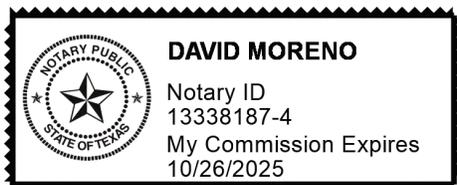
- a. The last mailing address provided to the department in writing by Advance Benefit Management Systems USA, Inc. is 4000 Faber Place Dr., Ste. 300, Charleston, SC 29405-8587.
- b. The file maintained by Enforcement contains a Notice of Allegations dated November 21, 2024, which was sent to Advance Benefit Management Systems USA, Inc.
- c. On November 21, 2024, the Notice of Allegations addressed to Advance Benefit Management Systems USA, Inc. was mailed first-class and certified, return receipt requested, to its last known address.

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:  
*Roxanne Rodriguez* \_\_\_\_\_  
E2FC3C90FFD2401...  
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:  
*David Moreno* \_\_\_\_\_  
455E4109E15D4CD...  
Notary Public State of Texas

**2025-9074**



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

November 21, 2024,

Advance Benefit Management  
Systems USA, Inc.  
4000 Faber Place Dr Ste 300  
Charleston, SC 29405-8587

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1852 77  
Via Email to: kjohnson@aimssc.com

**TDI ENFORCEMENT CASE NO. 35788  
NOTICE OF ALLEGATIONS AGAINST  
ADVANCE BENEFIT MANAGEMENT SYSTEMS USA, INC.**

The Texas Department of Insurance (TDI) seeks to take disciplinary action against Advance Benefit Management Systems USA, Inc. (ABMS USA), to revoke its certificate of authority to act as a third party administrator. This Notice states the allegations against ABMS USA and the relief sought by TDI.

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

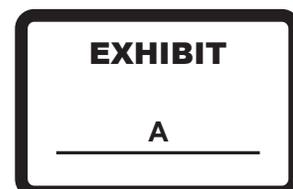
**YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW.** To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

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  
P.O. Box 12030  
Austin, Texas 78711-2030



# 2025-9074

Notice of Allegations

Advance Benefit Management Systems USA, Inc.

Page 2 of 4

(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 October 18, 2017, TDI issued ABMS USA a third party administrator (TPA) certificate of authority no. 2989238.
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. ABMS USA failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2019-2023.
7. On August 24, 2017, ABMS USA filed an application for registration as a foreign for-profit corporation with the Texas Secretary of State.
8. On February 28, 2020, the Texas Secretary of State forfeited the registration of ABMS USA.

## Legal Allegations

1. ABMS USA 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.
2. ABMS USA 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. ABMS USA failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).
4. ABMS USA has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
5. ABMS USA 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.

**2025-9074**

Notice of Allegations  
Advance Benefit Management Systems USA, Inc.  
Page 4 of 4

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 Advance Benefit Management Systems USA, Inc.*, was sent by the following methods on this 21st day of November, 2024 to:

Advance Benefit Management  
Systems USA, Inc.  
4000 Faber Place Dr Ste 300  
Charleston, SC 29405-8587

Via First Class Mail  
Via CM/RRR No. 9214 8901 9403 8389 1852 77  
Via Email to: kjohnson@aimssc.com



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Anna Kalapach

Firm Mailing Book For Accountable Mail

**Name and Address of Sender**  
 Texas Dept of Insurance  
 Mail Code ENF  
 1601 Congress Avenue, Suite 6.900  
 Austin TX 78701  
 Mary Ruiz, November 21, 2024

- 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
  - First-Class Mail
  - Priority Mail Express
  - Registered Mail
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

Affix Stamp Here  
 (If issued as an international certificate of mailing or for additional copies of this receipt). Postmark with Date of Receipt

USPS Tracking/Article Number	Address (Name, Street, City, State, & Zip Code)	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
ANNA/35788	Advance Benefit Management Systems USA, Inc. 4000 Faber Place Dr Ste 300 Charleston, SC 29405-8587	1.56												

quadrant  
 CORRECTION IMI  
**\$002.00**  
 11/21/2024 ZIP 78701  
 043M32206395  
**US POSTAGE**

Handing Charge-If Registered	Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



**EXHIBIT**  
**B**

Total Number of Pieces Listed by Sender: 1  
 Total Number of Pieces Received at Post Office: 1  
 Postmaster: Per (Name of Retail Employee)  
 Completed in Ink



Privacy Note: For more information on USPS privacy policies, visit usps.com/privacy policy.



Firm Mailing Book For Accountable Mail

2025-9074

Name and Address of Sender

ENF M RUIZ  
1601 CONGRESS AVENUE  
STE 6.900  
AUSTIN TX 78701

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

- 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

USPS Tracking/Article Number

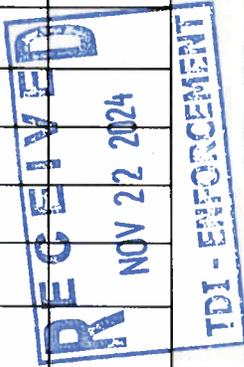
1. 9214 8901 9403 8389 1852 77

Addressee (Name, Street, City, State, & ZIP Code™)

ADVANCE BENEFIT MANAGEMENT  
SYSTEMS USA, INC.  
4000 FABER PLACE DR STE 300  
CHARLESTON, SC 29405-8587

ANNA/35788

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
0.69	4.85	Handling Charge - if Registered and over \$50,000 in value				Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



Postmark (Date, Time, Name of receiving employee)

EXHIBIT  
C

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office: 1

2025-9074



# 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	1
Total	1

\*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 2214 71

ANNA/35788

