

No. **2025-9102**

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

Date: 01/28/2025

Subject Considered:

JoLin Benefit Administrators, LLC
P.O. Box 800518
Houston, TX 77280-0518

Default Order
TDI Enforcement File No. 36044

General Remarks and Official Action Taken:

This is a default order taken against JoLin Benefit Administrators, LLC (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, P.O. Box 800518, Houston, TX 77280-0518.
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.

2025-9102

Commissioner's Order

JoLin Benefit Administrators, LLC

Page 2 of 4

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.

Order

It is ordered that the third-party administrator certificate of authority held by JoLin Benefit Administrators, LLC is revoked.

Signed by:

FC5D7EDDFFBB4F8...

Cassie Brown
Commissioner of Insurance

2025-9102

Commissioner's Order

JoLin Benefit Administrators, LLC

Page 3 of 4

Prepared and reviewed by:

Nancy Williams

Nancy Williams, Staff Attorney
Enforcement

2025-9102

Commissioner's Order
JoLin Benefit Administrators, LLC
Page 4 of 4

Affidavit

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

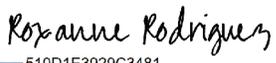
Before me, the undersigned authority, personally appeared Roxanne Rodriguez, who, being by me duly sworn, deposed as follows:

"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 JoLin Benefit Administrators, LLC. I have confirmed that:

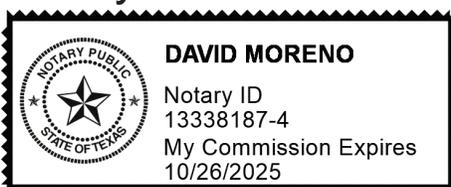
- a. The last mailing address provided to the department in writing by JoLin Benefit Administrators, LLC is P.O. Box 800518, Houston, TX 77280-0518.
- b. The file maintained by Enforcement contains a Notice of Allegations dated November 21, 2024, which was sent to JoLin Benefit Administrators, LLC.
- c. On November 21, 2024, the Notice of Allegations addressed to JoLin Benefit Administrators, LLC was mailed first-class and certified, return receipt requested, to the entities 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."

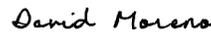
Signed by:

510D1E3929C3481...
Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 1/7/2025. This notarial act was an online notarization.

Notary Seal



Digital Certificate

DocuSigned by:

455E4109E15D4CD...
Notary Public State of Texas

2025-9102



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

November 21, 2024

JoLin Benefit Administrators, LLC
P.O. Box 800518
Houston, TX 77280-0518

Via CM/RRR No. 9214 8901 9403 8389 0908 09
Via First Class Mail

TDI ENFORCEMENT CASE NO. 36044
NOTICE OF ALLEGATIONS AGAINST JOLIN BENEFIT ADMINISTRATORS, LLC

The Texas Department of Insurance (TDI) seeks to take disciplinary action against JoLin Benefit Administrators, LLC to revoke its certificate of authority to act as a third party administrator. This Notice states the allegations against JoLin Benefit Administrators, LLC 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:

Nancy Williams, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
nancy.williams@tdi.texas.gov

EXHIBIT

A

2025-9102

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 December 12, 1996, TDI issued JoLin Benefit Administrators, LLC third party administrator (TPA) certificate of authority no. 2989134.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30 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. JoLin Benefit Administrators, LLC failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2020-2024.

Legal Allegations

1. JoLin Benefit Administrators, LLC failed to timely file annual TPA reports by June 30 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. JoLin Benefit Administrators, LLC 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).

2025-9102

Notice of Allegations
JoLin Benefit Administrators, LLC
Page 3 of 4

3. JoLin Benefit Administrators, LLC has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
4. JoLin Benefit Administrators, LLC 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,



Nancy Williams
State Bar No. 24058175
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 676-6338 (Direct)
(512) 490-1020 (Fax)
nancy.williams@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Whitney Fraser, Litigation Director, Enforcement, MC: ENF

2025-9102

Notice of Allegations
JoLin Benefit Administrators, LLC
Page 4 of 4

CERTIFICATE OF SERVICE

I, Nancy Williams, certify that a true and correct copy of this *Notice of Allegations Against JoLin Benefit Administrators, LLC* was sent by the following methods on this 21st day of November, 2024 to:

JoLin Benefit Administrators, LLC
P.O. Box 800518
Houston, TX 77280-0518

Via CM/RRR No. 9214 8901 9403 8389 0908 09
Via First Class Mail



Nancy Williams

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

Name and Address of Sender		Check type of mail or service		Postage		Actual Value if Registered		Insured Value		Due Sender if COD		ASR Fee		ASRD Fee		RD Fee		RR Fee		SC Fee		SCRD Fee		SH Fee			
USPS Tracking/Article Number WILLIAM/36044		<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail <input checked="" type="checkbox"/> First-Class Mail		Address (Name, Street, City, State, & Zip Code) JOLIN BENEFIT ADMINISTRATORS, LLC P.O. BOX 800518 HOUSTON, TX 77280-0518		Postage 19.90		Actual Value if Registered 1m value		Insured Value 1m value		Due Sender if COD 0.00		ASR Fee 0.00		ASRD Fee 0.00		RD Fee 0.00		RR Fee 0.00		SC Fee 0.00		SCRD Fee 0.00		SH Fee 0.00	
Total Number of Pieces Labeled by Sender		Total Number of Pieces Received at Post Office		Total Number of Pieces Received at Post Office		Actual Value if Registered		Insured Value		Due Sender if COD		ASR Fee		ASRD Fee		RD Fee		RR Fee		SC Fee		SCRD Fee		SH Fee			

IML CORRECTION
 \$002.00
 1/21/2024 ZIP 78701
 0436M220895



RECEIVED
 NOV 22 2024

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

PS Form 3877, June 2015

EXHIBIT

B



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.

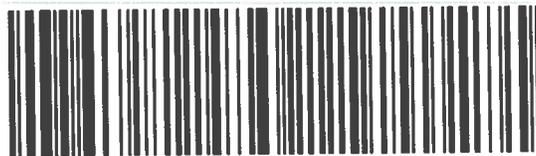
B. USPS Action

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 2037 12

WILLIAM/36044



EXHIBIT

C



Firm Mailing Book For Accountable Mail

2025-9102

- 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.

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 Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling
								Restricted Delivery				
								Adult Signature Required				

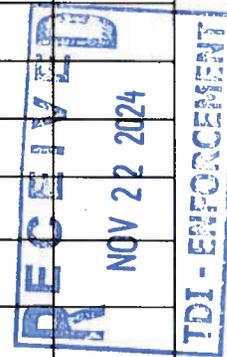
USPS Tracking/Article Number

1. 9214 8901 9403 8389 0908 09

ADDRESSEE

JOLIN BENEFIT ADMINISTRATORS, LLC
P.O. BOX 800518
HOUSTON, TX 77280-0518

WILLIAM/36044



Postmaster (Print Name of Receiving employee)

[Signature]

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office: 1