

No. **2025-9133**

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

Date: 02/12/2025

Subject Considered:

Benefit Plans Administrative Services, LLC
820 Gessner Suite 1250
Houston, TX 77024

Default Order
TDI Enforcement File No. 35801

General Remarks and Official Action Taken:

This is a default order taken against Benefit Plans Administrative Services, 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 December 16, 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, 820 Gessner Suite 1250, Houston, TX 77024.
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.

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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 Benefit Plans Administrative Services, LLC is revoked.

It is also ordered that Benefit Plans Administrative Services, LLC cease and desist engaging in the business of a third-party administrator in Texas.

Signed by:

FC5D7EDDFB4F8...

Cassie Brown
Commissioner of Insurance

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Prepared and reviewed by:

Casey Dick

Casey Dick, Staff Attorney
Enforcement

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Affidavit

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

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

"My name is David Moreno, 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 Benefit Plans Administrative Services, LLC. I have confirmed that:

- a. The last mailing address provided to the department in writing by Benefit Plans Administrative Services, LLC is 820 Gessner Suite 1250, Houston, TX 77024.
- b. The file maintained by Enforcement contains a Notice of Allegations dated December 16, 2024, which was sent to Benefit Plans Administrative Services, LLC.
- c. On December 16, 2024, the Notice of Allegations addressed to Benefit Plans Administrative Services, LLC 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."

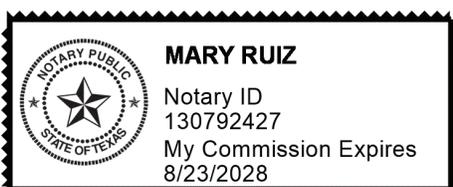
Signed by:

David Moreno _____

50CE11EED5F64B6...
Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 1/21/2025. This notarial act was an online notarization.

Notary Seal



Digital Certificate

Signed by:

Mary Ruiz _____

795DC4D59167489...
Notary Public State of Texas

2025-9133



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

December 16, 2024

Benefit Plans Administrative Services, LLC
820 Gessner Suite 1250
Houston, TX 77024

Via CM/RRR No. 9214 8901 9403 8391 7699 22
Via First Class Mail
Via Email: Rhouse@bpas.com

**TDI ENFORCEMENT CASE NO. 35801
NOTICE OF ALLEGATIONS AGAINST
BENEFIT PLANS ADMINISTRATIVE SERVICES, LLC**

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

YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS

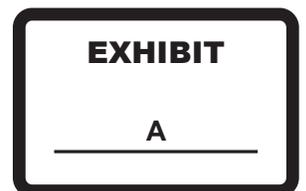
YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW. To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

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:

Casey Dick, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
Casey.Dick@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 §§ 2001.003(1) and 2001.051–2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

Factual Allegations

1. On October 26, 2017, TDI issued Benefit Plans Administrative Services, LLC a third party administrator (TPA) certificate of authority no. 2989323.
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. Benefit Plans Administrative Services, LLC failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2020-2023.

Legal Allegations

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

4. Benefit Plans Administrative Services, 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 business of insurance 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,

Casey Dick

Casey Dick

State Bar No. 24132039

Texas Department of Insurance

Enforcement, MC ENF

P.O. Box 12030

Austin, Texas 78711-2030

(512) 676-6328 (Direct)

(512) 490-1020 (Fax)

Casey.Dick@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, Casey Dick certify that a true and correct copy of this *Notice of Allegations Against Benefit Plans Administrative Services, LLC* was sent by the following methods on this 16th day of December, 2024 to:

Benefit Plans Administrative Services, LLC
820 Gessner Suite 1250
Houston, TX 77024

Via CM/RRR No.9214 8901 9403 8391 7699 22
Via First Class Mail
Via Email: Rhouse@bpas.com

Casey Dick

Casey Dick



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: 12/16/2024

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.

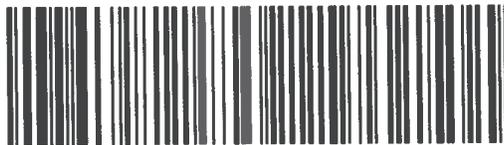
B. USPS Action

Note to RSS Clerk:

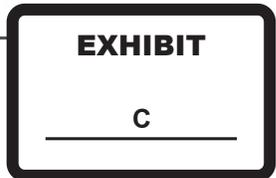
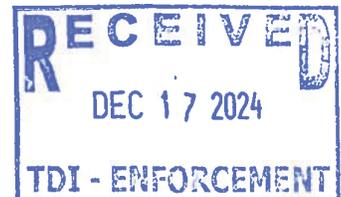
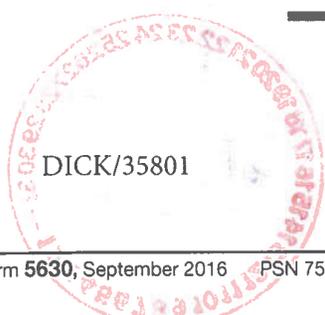
1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

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 7130 20



Firm Mailing Book For Accountable Mail



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

USPS Tracking/Article Number

1. 9214 8901 9403 8391 7699 22

DICK/35801

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

BENEFIT PLANS ADMINISTRATIVE SERVICES, LLC
820 GESSNER SUITE 1250
HOUSTON, TX 77024

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							2.62			
						Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



Total Number of Pieces Listed by Sender: 1

Postmaster, Per (Name of receiving employee)

[Signature]
Complete in Mt