

No. **2025-9149**

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

Date: 02/25/2025

Subject Considered:

Residence Dental, LLC
PO Box 2260
Jasper, Georgia 30143-0180

Default Order
TDI Enforcement File No. 36069

General Remarks and Official Action Taken:

This is a default order taken against Residence Dental, 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 license.

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

Findings of Fact

Failure to Respond to Notice of Allegations

1. On November 15, 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 2260, Jasper, Georgia 30143-0180.
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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Commissioner's Order

Residence Dental, LLC

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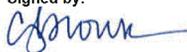
4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

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 Residence Dental, LLC is revoked. It is also ordered that Residence Dental, LLC cease and desist engaging in the business of a third-party administrator in Texas.

Signed by:

FC5D7EDDFFB84F8...

Cassie Brown
Commissioner of Insurance

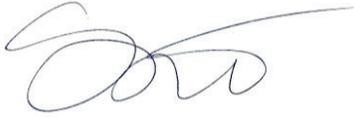
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Commissioner's Order

Residence Dental, LLC

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Prepared and reviewed by:

A handwritten signature in black ink, appearing to read 'SD', with a long horizontal flourish extending to the right.

Stephanie Daniels, Staff Attorney
Enforcement

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 Residence Dental, LLC. I have confirmed that:

- a. The last mailing address provided to the department in writing by Residence Dental, LLC is PO Box 2260, Jasper, Georgia 30143-0180.
- b. The file maintained by Enforcement contains a Notice of Allegations dated November 15, 2024, which was sent to Residence Dental, LLC.
- c. On November 15, 2024, the Notice of Allegations addressed to Residence Dental, LLC were mailed first-class and certified, return receipt requested, to the last known address.

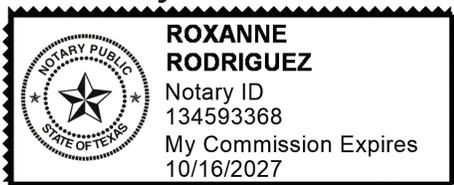
Copies of the first-class mail log and certified mail log maintained by Enforcement are attached as Exhibit B and Exhibit C, respectively.”

Signed by:


 2DB2ACD4666C4D3...

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 1/24/2025. This notarial act was an online notarization.

Notary Seal



Digital Certificate

DocuSigned by:

 C3FD016A04434A6...

 Notary Public State of Texas

2025-9149



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



November 15, 2024

Residence Dental, LLC
PO Box 2260
Jasper, Georgia 30143-0180

Via CM/RRR No. 9214 8901 9403 8388 4601 22
Via Email: Steve.Schultz@Resi.Dental
Via First Class Mail

**TDI ENFORCEMENT CASE NO. 36069
NOTICE OF ALLEGATIONS AGAINST RESIDENCE DENTAL, LLC**

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

Stephanie Daniels, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
Stephanie.Daniels@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 August 12, 2020, TDI issued Residence Dental, LLC third party administrator (TPA) certificate of authority no. 2989602.
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. Residence Dental, LLC failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2020–2023.
7. On April 17, 2020, Residence Dental, LLC filed an application for registration as a foreign limited liability company with the Texas Secretary of State.
8. On March 10, 2023, the Texas Secretary of State forfeited the registration of Residence Dental, LLC.

Legal Allegations

1. Residence Dental, 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.

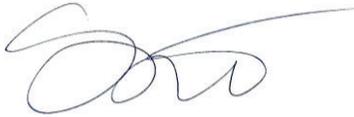
2. Residence Dental, LLC failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).
3. Residence Dental, LLC failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).
4. Residence Dental, LLC has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
5. Residence Dental, 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,



Stephanie Daniels
State Bar No. 24107343
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 676-6334 (Direct)
(512) 490-1020 (Fax)
Stephanie.Daniels@tdi.texas.gov

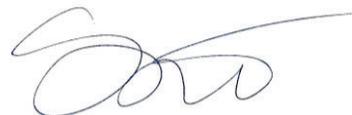
cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Ginger Loeffler, Litigation Director, Enforcement, MC: ENF

CERTIFICATE OF SERVICE

I, Stephanie Daniels, certify that a true and correct copy of this *Notice of Allegations Against Residence Dental, LLC* was sent by the following methods on this 15th day of November, 2024 to:

Residence Dental, LLC
PO Box 2260
Jasper, Georgia 30143-0180

Via CM/RRR No.:
9214 8901 9403 8388 4601 22
Via First Class Mail
Via Email: Steve.Schultz@Resi.Dental



Stephanie Daniels

2025-9149

EXHIBIT

C

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: 11/15/2024

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.

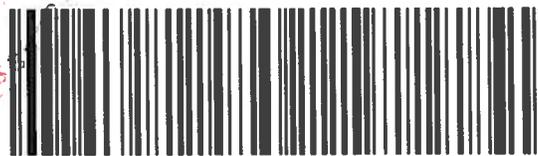
B. USPS Action

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



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DANIELS/36069

