

No. **2025-9286**

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

**Date: 05/02/2025**

**Subject Considered:**

MeridianRx, LLC  
1 Campus Martius Ste 750  
Detroit, Michigan 48226-5013

Default Order  
TDI Enforcement File No. 36054

**General Remarks and Official Action Taken:**

This is a default order taken against MeridianRx, 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, 1 Campus Martius St 750, Detroit, Michigan 48226-5013.
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.

# 2025-9286

Commissioner's Order

MeridianRx, 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 MeridianRx, LLC is revoked.

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

Signed by:  
  
FC5D7EDDFB4F8...

Cassie Brown

Commissioner of Insurance

**2025-9286**

Commissioner's Order

MeridianRx, LLC

Page 3 of 4

Prepared and reviewed by:

*Mandy Meeseey*

---

Mandy Meeseey, 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 MeridianRx, LLC. I have confirmed that:

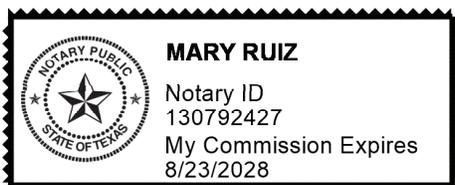
- a. The last mailing address provided to the department in writing by MeridianRx, LLC is 1 Campus Martius St 750, Detroit, Michigan 48226-5013.
- b. The file maintained by Enforcement contains a Notice of Allegations dated November 21, 2024, which was sent to MeridianRx, LLC.
- c. On November 21, 2024, the Notice of Allegations addressed to MeridianRx, 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.”

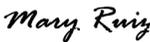
Signed by:  
  
 \_\_\_\_\_  
 Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 4/11/2025. This notarial act was an online notarization.

**Notary Seal**



**Digital Certificate**

Signed by:  
  
 \_\_\_\_\_  
 Notary Public State of Texas

2025-9286



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

November 21, 2024

MeridianRx, LLC  
1 Campus Martius Ste 750  
Detroit, Michigan 48226-5013

Via CM/RRR No. 9214 8901 9403 8389 1210 39  
Via First Class  
Via Email: info@meridianrx.com

**TDI ENFORCEMENT CASE NO. 36054  
NOTICE OF ALLEGATIONS AGAINST MERIDIANRX, LLC**

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

Mandy Meeseey, Associate Commissioner  
Texas Department of Insurance  
Enforcement, MC ENF  
P.O. Box 12030  
Austin, Texas 78711-2030  
(512) 490-1020 (Fax)  
Mandy.Meeseey@tdi.texas.gov

**EXHIBIT**

**A**

## 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 8, 2015, TDI issued MeridianRx, LLC third party administrator (TPA) certificate of authority no. 2989802.
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. MeridianRx, LLC failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2022-2023.

## Legal Allegations

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



---

Mandy Meeseey  
State Bar No. 24047567  
Texas Department of Insurance  
Enforcement, MC ENF  
P.O. Box 12030  
Austin, Texas 78711-2030  
(512) 676-6348 (Direct)  
(512) 490-1020 (Fax)  
Mandy.Meeseey@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF

**CERTIFICATE OF SERVICE**

I, Mandy Meesey, certify that a true and correct copy of this *Notice of Allegations Against MeridianRx, LLC* was sent by the following methods on this 21st day of November, 2024 to:

MeridianRx, LLC  
1 Campus Martius Ste 750  
Detroit, Michigan 48226-5013

Via CM/RRR No. 9214 8901 9403 8389 1210 39  
Via First Class  
Via Email: info@meridianrx.com

  
\_\_\_\_\_  
Mandy Meesey

Firm Mailing Book For Accounts

**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

<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Priority Mail Express
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery (COD)	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail
<input type="checkbox"/> Priority Mail	<input type="checkbox"/> Priority Mail
<input type="checkbox"/> First-Class Mail	

Postage

1.50

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

MESEV/36054	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
		1 CAMPUS MARTIUS STE 750 DETROIT, MICHIGAN 48226-5013	1.50												



2025 9286

Form 3877, June 2015

Total Number of Pieces Received at Post Office

Signature of (Name & Address) of Shipper

Completed in ink

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

RECEIVED  
 NOV 22 2024  
 TDI - ENFORCEMENT

Adult Signature Re  
 Adult Signature Restrict  
 Restricted Deliv  
 Return Receipt  
 Signature Confirmatio  
 Signature Confirmation Restr  
 Special Hand

**EXHIBIT**  
 B

2025-9286



# 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.

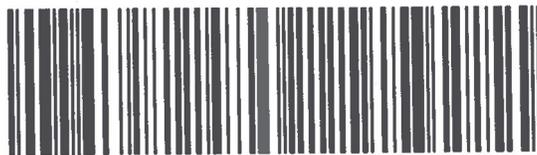
## B. USPS Action

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 2097 21

WHITE/35819



EXHIBIT

C



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       Priority Mail Express

Adult Signature Restricted Delivery       Registered Mail

Certified Mail       Return Receipt for Merchandise

Certified Mail Restricted Delivery       Signature Confirmation

Collect on Delivery (COD)       Signature Confirmation Restricted Delivery

Insured Mail

Priority Mail

USPS Tracking/Article Number

1. 9214 8901 9403 8389 1242 07  
CORPORATE COVERAGE, LLC  
403 W. PENNSYLVANIA AVE.  
TOWSON, MARYLAND 21204-4229

WHITE/35819

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

2025-9286

Postage	(Extra Services) 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

Total Number of Pieces Received at Post Office: 1

