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Attorneys for Respondents

**BEFORE THE STATE AUDITOR AND COMMISSIONER OF INSURANCE
STATE OF MONTANA**

IN THE MATTER OF:)	Case No. 2006-1
)	
AMERICAN EVANGELISTIC ASSOCIATION)	
and its division CHRISTIAN CARE)	
MINISTRY, d.b.a. MEDI-SHARE;)	
CHRISTIAN CARE MINISTRY, INC., f.k.a.)	
AEA INTERNATIONAL, INC; EDWARD)	
JOHN REINHOLD a.k.a E. JOHN REINHOLD,)	CONSENT AGREEMENT
ROBERT YATES BALDWIN, JR., KEVIN)	
CAMILLI, RICHARD CHASE, ROGER CRAFT,)	
HENRY DECKER, MARJORIE DOUGLAS,)	
CHARLES FARMER, JUDY FARMER, JAMES)	
R. GILLESPIE, MALCOLM GOSDIN, CHARLES)	
SAYLOR, NEAL SIGEL, EDWARD STAM,)	
SAMUEL TOWNSEND, personally and in their)	
capacities as officers or directors; and/or their)	
agents, representatives, successors and assigns;)	

CARLSON, FREDERICK and COMPANY, PA,)
 ROBERT E. CARLSON,)
 CBA ADMINISTRATORS,)
 LARRY GASKILL, GARY SPATZ,)
 RUDY WAGONER, AMERICAN)
 EVANGELISTIC ASSOCIATION, INC.,)
 and JOHN DOES 1-25,)
 Respondents.)

The State Auditor and Department of Insurance of the state of Montana [“Department”], pursuant to the authority of the Montana Insurance Code, §§ 33-1-101 *et seq.* and § 2-4-603, Montana Code Annotated [“MCA”], and the Respondents, hereby mutually agree as follows:

RECITALS

WHEREAS, the Department of Insurance [“the Department”] has made various allegations in the Assertions of Fact and Conclusions of Law which are contained in the Notice of Proposed Agency Action and Opportunity for Hearing which, it is alleged, justify disciplinary treatment;

WHEREAS, said Assertions of Fact and Conclusions of Law are hereby incorporated herein by reference;

WHEREAS, Kevin Camilli, Richard Chase, Roger Craft, Henry Decker, Marjorie Douglas, Charles Farmer, Judy Farmer, James R. Gillespie, Malcolm Gosdin, Charles Saylor, Neal Sigel, Edward Stam, Samuel Townsend, Carlson, Frederick and Company PA, Robert E. Carlson, CBA Administrators, Larry Gaskill, Gary Spatz, and Rudy Wagoner [“Additional Respondents”] named in the Notice of Proposed Agency Action and Opportunity for Hearing dispute whether the Department has acquired personal jurisdiction in this matter;

WHEREAS, AMERICAN EVANGELISTIC ASSOCIATION, INC., agrees to be named as an additional Corporate Respondent and the caption of this Settlement Agreement has been amended to so indicate;

WHEREAS, all named Respondents [“Respondents”] neither admit nor deny the allegations set forth in said Assertions of Fact and Conclusions of Law;

WHEREAS, the Department and Respondents agree that the parties’ interests would best be served by entering into the following specific agreement;

NOW THEREFORE, in consideration of the mutual undertaking established herein and the parties, desiring to fully and finally resolve all said matters contained in the Order to Post Bond, Temporary Cease and Desist Order and Opportunity for Hearing; and the Notice of Proposed Agency Action and Opportunity for Hearing, have entered into this Consent Agreement.

DEFINITIONS

The Parties agree to the following definitions of terms for the purpose of this Consent Agreement and Final Order. The first word or term in bold is the term used below in this instrument, and the words or terms in quotations are Medi-Share terminology:

1. **Claim** means “Need”
2. **Denied** means “Ineligible for Sharing”
3. **Insurance** means “Mutual Sharing Ministry”
4. **Pay** means “Share”

The foregoing definitions are created for the purposes of this Consent Agreement only and may not be deemed an admission by either party that the designated terms are synonymous or accurate for any other purpose.

AGREEMENT

The Department, AMERICAN EVANGELISTIC ASSOCIATION and its division CHRISTIAN CARE MINISTRY, d.b.a. MEDI-SHARE; CHRISTIAN CARE MINISTRY, INC., f.k.a. AEA INTERNATIONAL, INC.; AMERICAN EVANGELISTIC ASSOCIATION, INC. [“Corporate Respondents”]; E. JOHN REINHOLD and ROBERT Y. BALDWIN; and Additional Respondents hereby stipulate and agree to the following:

1. Respondents acknowledge the Commissioner and Department have jurisdiction over the subject matter of the above-entitled proceeding.
2. Corporate Respondents, E. John Reinhold, and Robert Y. Baldwin acknowledge that they were advised of the right to be represented by legal counsel, have exercised that right, and that said legal representation was satisfactory. Additional Respondents named in the Notice of Proposed Agency Action and Opportunity for Hearing are not represented by counsel, although they understand their right to be represented and knowingly have waived the services of counsel.
3. Respondents acknowledge that they or their authorized representative signing this Consent Agreement has read and understands each term of this Consent Agreement and that they enter into this Consent Agreement voluntarily and without reservation. Respondents stipulate and agree that the cases and captions contained in the Order to Post Bond, Temporary Cease and Desist Order and Opportunity for Hearing; and Notice of Proposed Agency Action and Opportunity for Hearing (Administrative Fine, Permanent Cease and Desist Order and

Restitution) be joined and conformed to the caption contained in this instrument for purposes of administrative economy.

4. The Department and Respondents agree that this Consent Agreement resolves the alleged violations set forth herein.

5. Respondents acknowledge that this Consent Agreement constitutes the entire agreement between the parties and that no other promises or agreements, either express or implied, have been made by the Department or by any member, officer, agent or representative of the Department to induce Respondents to enter into this Consent Agreement.

6. The Department and Respondents further specifically agree as follows:

(a) (i) Except as otherwise provided in this Consent Agreement and until Respondents fully perform all conditions set forth in this Agreement and apply for and receive a certificate of authority or otherwise comply with applicable Montana Insurance Code or other Montana law, all named Respondents, individually and in their current organizational form(s) or any successor form(s), agree to permanently cease engaging in or refrain from commencing:

(A) any business regulated under the Montana Insurance Code, including but not limited to “Medi-Share,” “sharing programs,” or health insurance plans, by whatever name they are called; medical care discount cards (including “Christian Care Sure Care” cards); and disability income plans;

(B) marketing, promoting, selling or distributing “Medi-Share,” “sharing programs,” or health insurance plans, by whatever name they are called; medical care discount cards (including “Christian Care Sure Care” cards); and disability income plans; and

(C) soliciting or accepting money from Montana citizens in consideration for paying health or other claims on behalf of Montana members.

Nothing in this ¶6(a)(i) prevents a Montana citizen from making a charitable donation to Corporate Respondents not in consideration for paying claims; and

(ii) Corporate Respondents shall provide notice to the Department of any material changes in business entity form or material transfer of Corporate Respondents' assets;

(b) Corporate Respondents affirm that they last accepted money from Montana members for the payment of claims in May, 2007, for the month ending May 31, 2007, and have since that time ceased accepting money for the payment of claims;

(c) Corporate Respondents affirm that they discontinued the membership of all Montana members in Medi-Share after midnight, July 31, 2007;

(d) With respect to any national and regional marketing regarding Medi-Share or sharing program(s) under any name or medical care discount cards that reaches or is customarily available to Montana residents, including but not limited to direct mail, the internet, television, radio and published advertisements that air or may be aired or disseminated in any manner [marketing], Corporate Respondents agree to:

(i) terminate any marketing directed to Montana;

(ii) with respect to any national and regional marketing regarding Medi-Share or sharing program(s) under any name or medical care discount cards that reaches or is customarily available to Montana residents, including but not limited to the internet, television, radio and published advertisements that air or may be aired or disseminated in any manner, Respondents agree to inform the viewer or recipient that the Respondents' products are not available in

Montana. Such notice must be part of any such marketing immediately, unless it would be unreasonable to alter existing contracts between Respondents and the marketing providers, in which case the notice must appear upon the contract renewal, and in any case no later than December 31, 2007.

(iii) provide notice to Montana consumers, on the home page of any websites referring to Medi-Share or sharing program(s) under any name or medical care discount cards, in a form substantially as attached to this Consent Agreement as Exhibit C, that those products are not available in Montana;

(iv) include in application packets provided to member applicants in all states a notice that Medi-Share or sharing program(s) under any name and medical care discount cards are not available in Montana.

The disclaimer notice stating substantially, “Medi-Share is not available in Montana,” as required by ¶¶6 (d)(ii), (d)(iii), and (d)(iv), and as shown in the examples attached as Exhibits B-D is approved by the Department.

(e) Corporate Respondents and the Department shall exchange all correspondence directed to Montana members regarding this Consent Agreement and Final Order to the Department for their mutual agreement. Any correspondence required by law is not subject to mutual agreement but must be exchanged prior to dissemination. The Department reserves the right to request samples or copies of routine operational or organizational correspondence, such as “Explanation of Sharing” (Explanation of Benefits) forms or requests for additional information as is needed for Department responses to member inquiries and to verify compliance with this Consent Agreement;

(f) Corporate Respondents affirm they have clarified to Montana members that membership in Medi-Share extends through July 31, 2007, and have notified members of their right to submit claims incurred on or before July 31, 2007, for 12 months from the date of service;

(g) Corporate Respondents affirm they have issued certificates of creditable coverage to Montana members no later than July 20, 2007, with a “coverage end” date no earlier than July 31, 2007 (unless an earlier date is specifically requested by the member);

(h) Corporate Respondents agree to pay or cause to be paid all timely submitted claims with dates of service on or before July 31, 2007, that are eligible under the “Biblical Solutions” health plan, including eligible claims submitted before July 10, 2007, that were not included in the July 10, 2007 list (Exhibit A). Payment of eligible claims is mandatory and not subject to availability of funds;

(i) Corporate Respondents agree to pay or cause to be paid, no later than September 30, 2007, all eligible claims that were identified to the Department on July 10, 2007, in a the list entitled “Montana Members’ Pending Bills” (Exhibit A), but had not yet been paid. Claims denials or partial payments pursuant to that list are subject to review if the member disputes the denial or partial payment;

(j) (i) Except as provided in ¶6(i), Corporate Respondents agree to make their best efforts to pay or cause to be paid all eligible claims within 30 days after receipt of a proof of loss, as defined in 33-18-231(3), MCA, unless Corporate Respondents make a reasonable request for additional information or documents in order to evaluate the claim. In any event, Corporate

Respondents shall pay or deny the claim, giving reasons for denial or partial denial, within 90 days of receiving the proof of loss.

(ii) If Corporate Respondents fail to comply with the preceding subparagraph and the Corporate Respondents are liable for payment of the claim, the Corporate Respondents shall pay the provider or reimburse the member, as applicable, an amount equal to the amount of the claim due plus 10% annual interest calculated from the 90th day after the proof of loss was submitted;

(k) Under the “Biblical Healthcare Solutions” governing claims processing, members have a right to appeal adverse claim decisions made by Corporate Respondents. No time limitations are required by the Biblical Healthcare Solutions appeal procedure. Upon notice to the members as provided in ¶6(k)(ii), all appeals of adverse claim decisions shall be subject to the additional deadlines set forth in ¶6(k)(i).

(i) (A) Members shall have 60 days from the later of the date of the notice in ¶6(k)(ii) or the date of an adverse claim decision (including denial or partial denial) to provide written notice to Corporate Respondents of the member’s intent to appeal and the reasons therefor;

(B) Corporate Respondents shall resolve the appeal within 60 days of receipt of the member’s notice of appeal and shall provide simultaneous notice to the member and the Department of Corporate Respondents’ final determination and reasons therefor. A member aggrieved by the decision resulting from the Biblical Guidelines appeal process may exercise all of the member’s rights and remedies in law, provided, however, that the member may not be required to arbitrate the appeal decision;

(ii) Corporate Respondents shall provide written notice to members of the additional time limitations for pursuing an appeal of an adverse claim decision required by this ¶6(k), in a form

substantially similar to the notice attached to this Consent Agreement as Exhibit E. The notice is approved by the Department. Corporate Respondents shall provide the notice to members within 5 business days of execution of the Final Order;

(l) Beginning October 15, 2007, and on the 15th of each month thereafter, Corporate Respondents agree to furnish the Department with an accounting of all pending claims as of the end of the immediately preceding month including but not limited to the dollar amounts of all claims received and their payment status, with date incurred, date received, date and amount of payment, claims pending, or claims denials or partial denials (with reasons), for purposes of assisting the Department in monitoring Corporate Respondents' compliance with this Consent Agreement and Final Order;

(m) (i) Corporate Respondents agree that the Department retains the right to request additional information as needed in order to determine compliance with this Consent Agreement, for clarification of the accounting system and to communicate with members and providers regarding claims and payment issues such as, but not limited to, additional payments that may be due.

(ii) To facilitate cooperation and communication on Departmental inquiries the Department designates Barbara Van der Mars, in Policyholder Services, (406) 444-9768, bvandermars@mt.gov, as the Department contact, with backup contact by Valerie Burner, (406) 444-3678, vburner@mt.gov. Corporate Respondents designate Danielle Dempsey, (321) 308-7770 x2222, ddempsey@tccm.org, with backup contact by Jim Gillespie, Vice President of Operations, (800) 772-5623 x2209, jgillespie@tccm.org. Changes in designates shall be noticed to the parties as provided in ¶7;

(n) For all violations of this Consent Agreement and Final Order, Respondents will pay to the Department a fine of \$3,200,000.00, all of which shall be suspended subject to compliance with the terms and conditions of this Consent Agreement and Final Order, and which shall be assessed as follows:

(i) Respondents, including successor entities, however named, if any, who violate ¶6(a)(i) shall be jointly and severally liable for a fine limited to \$1,500,000.00;

(ii) Corporate Respondents, including successor or converted entities, however named, if any, that violate this Consent Agreement shall be jointly and severally liable for a fine of \$3,200,000.00 subject to the following reductions upon proof to the Department of compliance with this Consent Agreement:

(A) upon proof of compliance with the claims payment provisions of ¶6(i) of this Consent Agreement, the fines resulting from violations of all provisions of this Consent Agreement except ¶6(a)(i) shall be reduced to a maximum of \$1,200,000.00;

(B) three months following execution of this Consent Agreement, the fines resulting from violations of all provisions of this Consent Agreement except ¶6(a)(i) shall be reduced to a maximum of \$750,000.00;

(C) upon final payment of eligible claims, including disputed claims determined by Corporate Respondents to be eligible under the “Biblical Healthcare Solutions” guidelines and appeal procedures as amended by this Consent Agreement, Corporate Respondents shall tender to the Department a notice of compliance and request release from liability for suspended fines provided in ¶6(n)(ii) resulting from violation of this Consent Agreement;

(iii) fines for violations of ¶6(a)(i) by Corporate Respondents are not subject to reduction below \$1,500,000.00;

(iv) the Department agrees that any fines sought for violation of this Consent Agreement shall be rationally related to the severity of any such violation and that the Department may not seek or impose maximum or extraordinary fines for *de minimus* violations.

(o) Except for a violation of ¶6(a) of this Consent Agreement, prior to acting on an alleged violation of this Agreement or asserting that a fine or penalty of any kind is due or owed, the Department shall provide written notice to Corporate Respondents of the alleged violation and allow Corporate Respondents 20 working days to cure the alleged violation.

7. (a) Any notice provided for in this Consent Agreement and any other communication between the Department and Corporate Respondents, excepting communications provided for in ¶6(m), are legally sufficient if given in the following manner:

(i) notice to the Department may be given by hand-delivering or by mailing the notice by registered or certified mail, with postage prepaid, addressed to the Department at:

Dr. Janice S. Van Riper
Deputy Commissioner of Insurance
STATE AUDITOR
840 Helena Avenue
Helena MT 59601

(ii) notice to Corporate Respondents may be given by hand-delivering or by mailing the notice by registered or certified mail, with postage prepaid addressed to the Corporate Respondents at:

Mr. Robert Y. Baldwin
President
CHRISTIAN CARE MINISTRY
P. O. Box 120099
West Melbourne FL 32912

(b) Whenever notice is given by registered or certified mail, the notice shall be deemed given on the date it is mailed if it is deposited in the mail or if hand-delivered at the time it is received by the addressee.

(c) Either party may give to the other party notice of change of address for the giving of notices in the manner provided in this Consent Agreement.

8. With respect to the Order to Post Bond, Temporary Cease and Desist Order and Opportunity for Hearing and the Notice of Proposed Agency Action and Opportunity for Hearing, Respondents specifically and affirmatively waive a contested case hearing and all rights to appeal under the Montana Administrative Procedure Act, and elect to resolve this matter on the terms and conditions set forth herein.

9. Respondents fully and forever release and discharge the Commissioner, Department, and all Department employees and agents from any and all actions, claims, causes of action, demands, or expenses for damages or injuries, whether asserted or unasserted, known or unknown, foreseen or unforeseen, arising out of the Assertions of Fact or Conclusions of Law in this Consent Agreement or this administrative action.

10. Nothing in this Consent Agreement and Final Order may be construed as creating a private or separate cause of action or limiting any member's private right of action against the named Respondents.

11. Respondents acknowledge that nothing in this Consent Agreement restricts the Department from assisting or cooperating with any investigation of Corporate Respondents by other state or federal agencies as required by law.

12. The parties agree that this Consent Agreement may not be modified orally, and any subsequent modifications to this Consent Agreement must be mutually agreed to in writing to be effective.

13. The Department and Respondents agree that this Consent Agreement shall be incorporated and made a part of the attached Final Order issued by the Commissioner herein.

14. Respondents further understand that, upon the signing of the Final Order by the Commissioner or his representative, this Consent Agreement and Final Order will be an order of the Commissioner and failure to comply with it may constitute a separate violation of the Montana Insurance Code, and as provided in 33-1-318, MCA, may result in subsequent legal action by the Department. Alleged violations of this Consent Agreement shall be noticed and alleged violators provided an opportunity for a contested case hearing and rights to appeal under the Montana Administrative Procedure Act.

15. This Consent Agreement may be executed in one or more counterparts, each of which when so executed shall be an original, but all of which together constitute one agreement.

16. Upon execution of this Consent Agreement, the Department will cause this Consent Agreement to be filed with the Hearings Examiner; the Department shall seek to vacate the hearing scheduled to determine all matters now pending before the Hearings Examiner; the Department will not commence any further administrative, civil, or criminal action based upon the allegations set forth in this action that occurred prior to the execution of this Consent

Agreement; and the Consent Agreement and Final Order shall supersede the Cease and Desist Order and Notice of Proposed Agency Action herein.

17. Upon execution of this Consent Agreement and Final Order, Corporate Respondents shall cause the appeal of the judgment of the District Court in *Michael Rowden v. American Evangelistic Association, et al.*, Case No. BDV-2006-109 in the Montana First Judicial District Court, Lewis and Clark County, which appeal is lodged in the Montana Supreme Court as Cause No. DA-07-0505, to be dismissed.

18. This Consent Agreement shall be effective upon signing of the Final Order.

19. Respondents acknowledge that this Consent Agreement and Final Order are public records under Montana law and as such may not sealed or otherwise withheld from the public.

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CHRISTIAN CARE MINISTRY, INC.

By: [Signature]
Robert Y. Baldwin
President

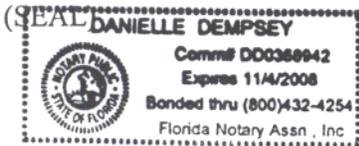
10-26-07
Date

STATE OF FLORIDA)
County of Brevard)
:ss.

On this 26th day of October, 2007, before me, a notary public for the State of Florida, personally appeared ROBERT Y. BALDWIN, known to me to be the person named in the foregoing Consent Agreement and known to me to be the President of the corporation that executed the within instrument and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein mentioned and that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

[Signature]
NOTARY PUBLIC for the State of Florida
Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 4 / 2008



CAUTION: READ BEFORE SIGNING!

[Signature]
Kevin Camilli, Respondent

STATE OF FLORIDA)
) :ss.
County of Brevard)

On this 13th day of ~~October~~^{November}, 2007, before me, a notary public for the State of Florida, personally appeared KEVIN CAMILLI, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)



[Signature]
NOTARY PUBLIC for the State of Florida
Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 4 / 2008

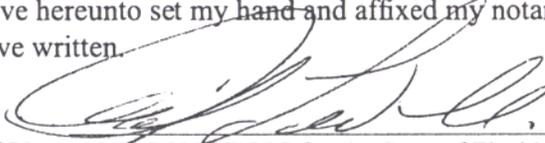
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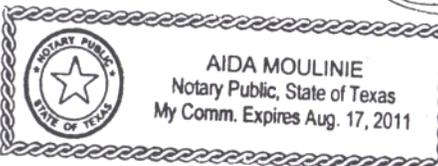

Richard Chase, Respondent

STATE OF FLORIDA)
)
) :ss.
County of _____)

On this 21 day of ~~October~~ ^{NOVEMBER}, 2007, before me, a notary public for the State of Florida, personally appeared RICHARD CHASE, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.



(SEAL)  NOTARY PUBLIC for the State of Florida
Print Name: A. AIDA MOULINIE
(Printed Name)
County of WILLIAMSON
My commission expires: / / 20

CAUTION: READ BEFORE SIGNING!

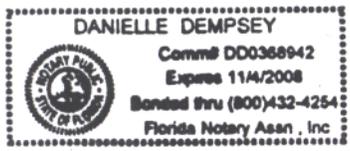
Roger Craft
Roger Craft, Respondent

STATE OF FLORIDA)
)
) :ss.
County of Brevard)

On this 14th day of ~~October~~ ^{November}, 2007, before me, a notary public for the State of Florida, personally appeared ROGER CRAFT, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)



Danielle Dempsey
NOTARY PUBLIC for the State of Florida
Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 04 / 20 08

CAUTION: READ BEFORE SIGNING!

Henry Dekker
Henry Dekker, Respondent

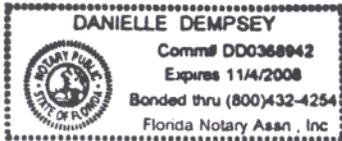
STATE OF FLORIDA)
County of Brevard) :SS.

On this 13th day of December, 2007, before me, a notary public for the State of Florida, personally appeared HENRY DEKKER, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Danielle Dempsey
NOTARY PUBLIC for the State of Florida

(SEAL)



Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 4 / 2008

CAUTION: READ BEFORE SIGNING!

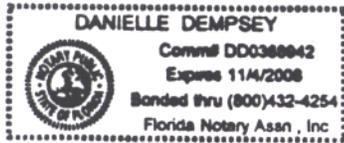
Charles Farmer
Charles Farmer, Respondent

STATE OF FLORIDA)
) :ss.
County of Brevard)

On this 14th day of ~~October~~ ^{November}, 2007, before me, a notary public for the State of Florida, personally appeared CHARLES FARMER, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)



Danielle Dempsey
NOTARY PUBLIC for the State of Florida
Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 4 / 2008

CAUTION: READ BEFORE SIGNING!

Judy Farmer
Judy Farmer, Respondent

STATE OF FLORIDA)
:SS.
County of Brevard)

On this 14 day of ~~October~~ ^{November}, 2007, before me, a notary public for the State of Florida, personally appeared JUDY FARMER, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that she executed the same as her free act and deed for the uses and purposes therein.

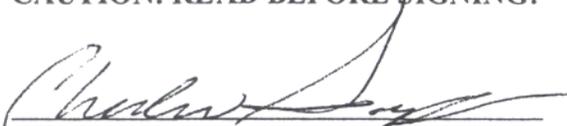
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)



Danielle Dempsey
NOTARY PUBLIC for the State of Florida
Print Name: Danielle Dempsey
(Printed Name)
County of Brevard
My commission expires: 11 / 4 / 20 08

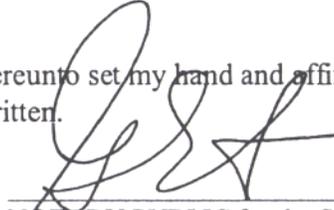
CAUTION: READ BEFORE SIGNING!


Charles Saylor, Respondent

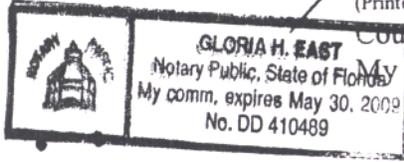
STATE OF FLORIDA)
)
County of ORANGE)
) :SS.

On this 11th day of October, 2007, before me, a notary public for the State of Florida, personally appeared CHARLES SAYLOR, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.


NOTARY PUBLIC for the State of Florida
Print Name: GLORIA H. EAST
(Printed Name)
County of ORANGE
My commission expires: 5/30/2009

(SEAL)



CAUTION: READ BEFORE SIGNING!

Neal Sigel
Neal Sigel, Respondent

STATE OF ^{ILLINOIS} ~~FLORIDA~~)

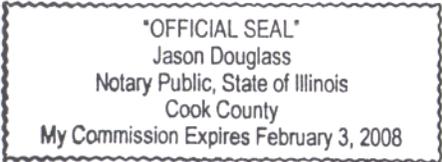
County of Cook)
:ss.

On this 25 day of October, 2007, before me, a notary public for the State of ^{ILLINOIS} ~~Florida~~, personally appeared NEAL SIGEL, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

Jason Douglass
NOTARY PUBLIC for the State of ~~Florida~~ ^{Illinois}
Print Name: Jason Douglass
(Printed Name)
County of Cook
My commission expires: 2/3/2008



CAUTION: READ BEFORE SIGNING!

Edward Stam, Respondent

STATE OF FLORIDA)
 :SS.
County of _____)

On this ____ day of October, 2007, before me, a notary public for the State of Florida, personally appeared EDWARD STAM, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

NOTARY PUBLIC for the State of Florida
Print Name: _____
(Printed Name)
County of _____
My commission expires: ____/____/20__

CBA ADMINISTRATORS

By: _____

_____ Date

STATE OF FLORIDA)
)
:ss.
County of _____)

On this ____ day of October, 2007, before me, a notary public for the State of Florida, personally appeared _____, known to me to be the person named in the foregoing Consent Agreement and known to me to be the _____ of the entity that executed the within instrument and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein mentioned and that such entity executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

NOTARY PUBLIC for the State of Florida
Print Name: _____
(Printed Name)
County of _____
My commission expires: ____ / ____ /20 ____

CAUTION: READ BEFORE SIGNING!

Larry Gaskill, Respondent

STATE OF FLORIDA)
 :SS.
County of _____)

On this ____ day of October, 2007, before me, a notary public for the State of Florida, personally appeared LARRY GASKILL, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

NOTARY PUBLIC for the State of Florida
Print Name: _____
(Printed Name)
County of _____
My commission expires: ____ / ____ /20 ____

CAUTION: READ BEFORE SIGNING!

Gary Spatz, Respondent

STATE OF FLORIDA)
 :ss.
County of _____)

On this ____ day of October, 2007, before me, a notary public for the State of Florida, personally appeared GARY SPATZ, known to me to be the person named in the foregoing Consent Agreement and acknowledged to me that he executed the same as his free act and deed for the uses and purposes therein.

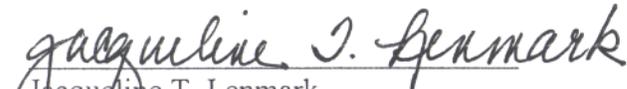
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

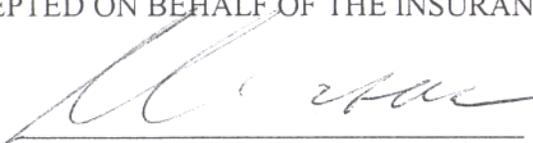
NOTARY PUBLIC for the State of Florida
Print Name: _____
(Printed Name)
County of _____
My commission expires: ____ / ____ /20 ____

APPROVED BY:

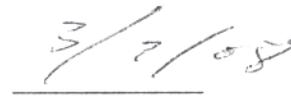
KELLER, REYNOLDS, DRAKE,
JOHNSON AND GILLESPIE, P.C.


Jacqueline T. Lenmark
Attorney for Respondents

ACCEPTED ON BEHALF OF THE INSURANCE DEPARTMENT:



Michael Winsor
Special Assistant Attorney General


Date