



LOUISIANA DEPARTMENT OF INSURANCE  
JAMES J. DONELON  
COMMISSIONER

**CEASE AND DESIST ORDER, SUMMARY SUSPENSION,  
REVOCATION ORDER AND NOTICE OF FINE  
PRODUCER LICENSE #765888 AND PRODUCER LICENSE #408314**

March 29, 2021

Senior Care Services, LLC  
Attn: Terrance Lamont French  
2550 Five Star Parkway, Ste 116  
Bessemer, AL 35022

Article # **7020 0090 0000 7287 7810**

Terrance Lamont French  
Senior Care Services, LLC  
85 Bagby Dr. Ste 103  
Birmingham, AL 35209-3705

Article # **7020 0090 0000 7287 7827**

Via Email: [frenchtl@hotmail.com](mailto:frenchtl@hotmail.com)  
Via Email: [Seniorscare08@yahoo.com](mailto:Seniorscare08@yahoo.com)

WHEREAS, IT HAS COME TO MY ATTENTION, as Commissioner of Insurance (Commissioner) of the Louisiana Department of Insurance (LDI), that Senior Care Services, LLC and Terrance Lamont French have violated certain provisions of the Louisiana Insurance Code, Title 22, La. R. S. 22:1 *et. seq.* As used hereinafter, "you" and "your" refer to Senior Care Services, LLC and Terrance Lamont French. Your activity violates Title 22 of the Louisiana Revised Statutes and pose a danger to the business of insurance in Louisiana.

Accordingly, pursuant to the power and authority vested in me as the Commissioner, issue this Cease and Desist Order, Summary Suspension, Revocation Order and Notice of Fine based on the following, to wit:

**LAW**

La. R. S. 22:2 maintains in pertinent part:

**§2. Insurance regulated in the public interest**

- A. (1) Insurance is an industry affected with the public interest and it is the purpose of this Code to regulate that industry in all its phases... It shall be the duty of the Commissioner of Insurance to administer the provisions of this Code.

Pursuant to La. R.S. 22:18, the Commissioner is authorized to order any insurer, person, or entity to cease and desist any such action that violates any provision of the Louisiana Insurance Code as listed in Title 22 of the Louisiana Revised Statutes. Pursuant to La. R.S. 22:1554(A) the Commissioner may suspend or revoke an insurance producer license for certain violations of Title 22.

**§ 1554. License denial, nonrenewal, or revocation**

- A. The commissioner may place on probation, suspend, revoke, or refuse to issue, renew, or reinstate an insurance producer license, or may levy a fine not to exceed five hundred dollars for each violation occurring, up to ten thousand dollars for each violation aggregate for all violations in a calendar year per applicant or licensee, or any combination of actions, for any one or more of the following causes:

(4) Using fraudulent, coercive, or dishonest practices or misrepresentation, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business such as might endanger the public.

(6) Having admitted or been found to have committed any insurance unfair trade practice under R.S. 22:1961 et seq. or fraud under R.S. 1964 et seq.

(10) Forging another's name to an application for insurance or to any document related to an insurance transaction.

- I. The commissioner of insurance shall retain the authority to enforce the provisions of, and impose any penalty or remedy authorized by, this Subpart against any person who is under investigation for or charged with a violation of this Subpart, even if the person's license has been surrendered or has lapsed by operation of law.

La. R.S. 22:1923 maintains in pertinent part:

**§ 1923. Definitions**

(2) "Fraudulent insurance acts" shall include but not be limited to acts or omissions committed by any person who, knowingly and with intent to defraud:

- (a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, reinsurer, purported insurer or reinsurer,



producer, or any agent thereof, any oral or written statement which he knows to contain materially false information as part of, or in support of, or denial of, or concerning any fact material to or conceals any information concerning any fact material to the following:

- (i) An application for the insurance of any insurance policy.

La. R.S. 22:1924(A) maintains in pertinent part:

**§ 1924. Prohibited activities and sanctions**

A. (1) Any person who, with the intent to injure, defraud, or deceive any insurance company, or the Department of Insurance, or any insured or other party in interest, or any third-party claimant commits any of the acts specified in Paragraph (2) or (3) of this Subsection is guilty of a felony and shall be subjected to a term of imprisonment, with or without hard labor, not to exceed five years, or a fine not to exceed five thousand dollars, or both, on each count and payment of restitution to the victim company of any insurance payments to the defendant that the court determines was not owed and the costs incurred by the victim company associated with the evaluation and defense of the fraudulent claim, including but not limited to the investigative costs, attorney fees, and court costs. However, if the benefit pursued does not exceed one thousand dollars, the term of imprisonment shall not exceed six months, or the fine shall not exceed one thousand dollars, or both, on each count.

(2) The following acts shall be punishable as provided in Paragraph (1) of this Subsection:

- (a) Committing any fraudulent insurance act as defined in R.S. 22:1923.

La. R.S. 22:1964 maintains in pertinent part:

**§ 1964. Methods, acts and practices which are defined as unfair or deceptive**

(12) Any violation of any prohibitory law of this state.

(13) **Fraudulent insurance act.** A fraudulent insurance act is one committed by a person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, producer, or any agent thereof, any written statement as part of, or in support of, or in opposition to an application for the issuance of, or the rating of an insurance policy for commercial insurance, or claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which he knows to contain materially false information concerning any fact material



thereto; or conceal for the purpose of misleading information concerning any fact material thereto.

**(18) Misrepresentation in insurance application.** Making false or fraudulent statements or representations on or relative to an application for a policy, for the purpose of obtaining a fee, commission, money, or other benefit from any provider or individual person.

### FACTS

Based on the following you are in violation of the above listed statutes of the Louisiana Insurance Code.

Senior Care Services, LLC is producer agency (License #765888) with a license date of February 2, 2016 and is currently cancelled as of February 19, 2021. Terrance Lamont French is an individual producer (License #408314) with a license date of December 9, 2015 and is current until April 30, 2022. Terrance Lamont French is listed as the responsible party for Senior Care Services, LLC.

Humana Special Investigation Unit (SIU) initiated an investigation in 2019 which identified a number of Delegated Agents (DAs) who were suspected of being involved in commission schemes or member enrollment schemes. Humana identified three primary agencies associated with the identified DAs, which had ties to Senior Care Services, LLC (SCS) and its agents. Tidewater Management Group (TMG), an upline agency located in North Carolina; Amerilife, an upline Agency with offices in Florida and Wisconsin; and Advocate Health, LLC (AHL) located in Florida. TMG was confirmed to be a downstream agency for SCS, with SCS primary office in Birmingham, Alabama and a branch in Tupelo, Mississippi.

SCS and its agents during Annual Enrollment Period or Special Enrollment Period, for enrollment years of 2018 and 2019 or plans with effective dates in 2019 or 2020, enrolled the beneficiaries in Medicare Advantage (MA)/Prescription Drug Plans (PDPs) without their knowledge and authorization through the Online Enrollment Center, or Humana Websites and Agent Portals. SCS and its agents were confirmed to have in their possession all the personal health information associated to beneficiaries that was required and necessary to enroll or disenroll beneficiaries from Humana MA/PDPs. Based on information received from cooperating SCS agents, appointed agents utilized the personal health information in their possession to access the Online Enrollment center to make unauthorized changes, or cause beneficiaries to be canceled or disenrolled from their MA/PDPs. This would cause them to return to standard Medicare Benefits and stand-alone PDPs. On a later date, SCS agents would re-enroll the beneficiaries back to the same or similar MA/ PDPs. This caused SCS agents to be listed as the Agent of Record (AOR). Through the review of complaints, allegations, and interviews conducted



of beneficiaries, it is believed that SCS and its agents did not meet with the beneficiaries face to face for enrollment.

During the investigation, Humana SIU developed former SCS agent Sonja Heard as a Cooperating Individual. Ms. Heard provided specific details about the SCS and its agents' involvement in the enrollment referenced fraud scheme. According to Ms. Heard, enrollment fraud activities within SCS are systemic and directed by you, Owner/Director Terrance French, and the management staff. She confirmed that Mr. French and his team provided all of the necessary members' personal health information and other information to the SCS agents used to enroll the members in MA. Ms. Heard confirmed she did not meet with any of the members she enrolled in MA and submitted to Humana. She stated that you, Mr. French, and the management team, during multiple agent meetings, told her and other agents they did not need to meet with members. Ms. Heard confirmed she never received consent or authority from members before submitting enrollment applications on their behalf. She additionally stated Mr. French and his management team instructed agents to forge the members' signatures on the enrollment applications within the Humana Agent portal. When questioned, Ms. Heard confirmed she and agents with SCS signed the members signatures on the required CMS Scope of Sales Appointment Confirmation Form.

Based on information from a cooperating SCS agent, Humana determined that SCS agents had in their possession, the necessary personal health information needed to access the Online Enrollment Center and make unauthorized changes for members MA/PDPs. As detailed by the cooperation agent, the scheme included forging the signatures of the members on forms. These unauthorized changes caused Humana to pay commissions to SCS.

Humana SIU conducted fifty-five (55) interviews with MA members enrolled by SCS agents. Out of fifty-five (55) members interviewed, only one (1) member remembered meeting with an agent. There remaining fifty-four (54) members said they did not give any SCS agent consent or authority to make changes to their plans or enroll them in new or different plans. For members who reviewed their signatures appearing on their enrollment application, all of the members responded that the signatures submitted to Humana for their plans were not their signatures.

### **Sonja Heard**

Sonja Heard is an individual producer (License #833658) with a license date of June 24, 2019 and is currently lapsed as of December 31, 2020. On February 25, 2021, The LDI issued a Cease and Desist Order, Summary Suspension, Revocation Order, and Notice of Fine for Sonja Heard.

Humana SIU initiated an investigation after an allegation was received from Sales Compliance, who received a referral from the Humana Ethics Office (HEO) related to Ms. Sonja Heard. Mrs. Alice Balser, a Louisiana Humana Member, contacted the HEO to report information



on what she believed was fraud. According to Mrs. Balser, she received a letter from Humana advising that she had been removed from her MAP and was placed on a PDP. Based on Mrs. Balser's contact with Medicare, it was determined that her plan was changed through the Online Enrollment Center (OEC) by Ms. Heard.

On October 22, 2019, Mrs. Alice V. Balser, Humana member, was interviewed by Mr. Leonardo D. Floyd, Senior Special Investigator. The interview was attended by Mrs. Balser's husband, Mr. Lloyd Balser. Mrs. Balser stated that she had been enrolled with Humana for approximately twenty (20) years and did not initially enroll with Humana with an Insurance Agent. According to Mrs. Balser, she didn't know Agent Sonja Heard and never met with her for any purpose or to enroll in an insurance plan. She had not met with or worked with anyone related to making changes to her insurance plan. Her policy was automatically renewed annually. Mrs. Balser also stated that changes were made to her insurance plan without her knowledge or authorization, and she found out her insurance plan was changed or canceled when she received a letter from Humana. The letter notified Mrs. Balser that her PDP had been canceled, and she had no medical coverage. She confirmed in August 2019; she called Humana's Customer Service (HCS) to discuss the referenced letter and her insurance coverage. During the referenced call with HCS, the issues related to her coverage were resolved. Both Mrs. Balser and Mr. Balser stated that they never spoke with anyone over the telephone or signed anything related to her insurance plan.

On May 26, 2020, Sonja Heard willingly met with a Humana investigator and confirmed that she did not meet with any of the members she enrolled in MA plans and submitted to Humana. Ms. Heard also confirmed that she never received consent or authority from members before submitting enrollment applications on their behalf.

On September 30, 2020 Ms. Heard was terminated for cause from Humana for the following:

- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

### **Bobby Hausley**

Bobby Hausley is an individual producer (License #603732) with a license date of February 23, 2019. On February 25, 2021, The LDI issued a Cease and Desist Order, Summary Suspension, Revocation Order, and Notice of Fine for Bobby Hausley.

According to information provided by Humana SIU, Mr. Bobby Hausley is an agent associated with SCS.



Humana SIU initiated the investigation after an allegation was received from Georgia Department of Insurance (GDOI) from an unknown Agent related to Mr. Hausley. According to the Complaint Agent, two (2) of his Georgia clients were both with UHC in full dual plans. They had been on the plans for over seven (7) years with no change to their Medicaid or Medicare. Every open enrollment, they had stayed on the same plans. In November 2018, both clients called the agent to tell him they had received disenrollment letters from UHC. Then shortly after, they received in the mail Express Scripts PDP enrollment info and ID cards. Later they received cancellation letters from Express Scripts. After being on the PDP plan for one (1) month, both clients received UHC welcome letters, ID cards, and they were placed back on their same plans but with Agent Bobby Hausley, as the AOR).

Humana prepared a Power BI Dashboard (PBID) to analyze the book of business (BOB) and members enrolled by SCS and Agent B. Hausley. The PBID was designed to track Agents' locations on any given date and time based on the documented member signature dates and times captured in various Humana's enrollment systems. The PBID was also designed to determine the probability or improbability of whether the Agents met face to face with members as the indicated and were/are required to do to enroll MA members. The analysis examined the elapsed length of time between one member's location and the next member's location on a specific date. Then it calculates the distance and average time it takes to travel between the two locations. If any enrollment times between two member's locations on a specific date were significantly faster or took less time than the average travel time to the next locations, it was determined that it was improbable that you, the agent, met with the members for enrollment purposes. The analysis included approximately twenty-one (21) Medicare

Advantage members that were located in Louisiana. Based on the above described criteria, PBID results determined and concluded that it was improbable for Mr. Hausley, to have met with the members face to face to enroll them in Medicare Advantage plans.

As a result of an analysis of identified enrollment patterns, Humana SIU conducted a sampling of interviews of members enrolled by Mr. Hausley. On October 16, 2019, Ronald Leblanc, husband on behalf of Annie Leblanc, Humana member of Plaquemine, LA, was interviewed by Leonardo D. Floyd, Senior Special Investigator. Mr. Leblanc was asked and, he then asked Mrs. Leblanc if he or she knew or recalled meeting with Insurance Agent Bobby Hausley. According to Mr. Leblanc, neither of them knew Mr. Hausley, and he or she never met with you for any purpose or specifically to enroll in an insurance plan. Mr. Leblanc said any changes made to Mrs. Leblanc's plan were made without his or her knowledge and authorization.

On October 17, 2019, Loretta Davis, Humana member of Saint Gabriel, LA, was interviewed by Leonardo D. Floyd, Senior Special Investigator. Ms. Davis stated that she never had anyone come to her home to talk to her about insurance. She stated that she never made any changes to her insurance plan and had not recently met with or worked with anyone related to making changes to her insurance plan. She stated that she never authorized anyone to make



any changes to her insurance plan at any time. Ms. Davis stated that she did not sign anything related to an application for an insurance plan.

On September 30, 2020 Mr. Hausley was terminated for cause from Humana for the following:

- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

### **Kristen Elizabeth Rogers**

Kristen Elizabeth Rogers is an individual producer (License #414543) with a license date of February 2, 2016. On February 26, 2021, The LDI issued a Cease and Desist Order, Summary Suspension, Revocation Order, and Notice of Fine for Kristen Elizabeth Rogers.

According to information provided by Humana SIU, Ms. Kristen Elizabeth Rogers is an agent associated with SCS.

The Humana SIU of Humana initiated an investigation after an allegation was received from Sales Compliance, who received a complaint related to Ms. Rogers. The analysis of Ms. Rogers' BOB determined suspicious enrollment patterns existed related to the enrollments of MA members. The enrollment patterns included the members enrolled had been dis-enrolled or had canceled the existing MAP, then members were enrolled in standalone PDPs. Lastly, the same members then re-enrolled back into the same or similar MAP/PDPs.

Humana prepared a PBID to analyze the book of businesses BOB and members enrolled by SCS and Ms. Rogers. The PBID was designed to track agents' locations on any given date and time based on the documented member signatures dates and times captured in various Humana's enrollment systems. The PBID was also designed to determine the probability or improbability of whether agents met face to face with members as the indicated and were/are required to do to enroll MA members. The analysis examined the elapsed length of time between one member's location and the next member's location on a specific date. It also calculates the distance and average time it takes to travel between the two locations. If any enrollment times between two members' locations on specific dates were significantly faster or took less time than the average travel time to the next locations, it was determined that it was improbable that the agent met with the members for enrollment purposes. The analysis included BOB and members enrolled by Ms. Rogers. Based on the PBID, it identified approximately forty-four (44) MA members that were located in Louisiana. Based on the above-described criteria, PBID results determined and concluded that it was improbable or impossible for the above referenced agent to have met with forty-four (44) members face to face to enroll them in MA plans. The analysis confirmed that Ms. Rogers did not meet face to face with approximately seventy-five (75) percent



or approximately thirty-three (33) members based on the time and distance required to travel to the members' location and the documented members' signature times and dates submitted to Humana during the enrollments.

According to the PBID, Ms. Rogers obtained Mr. Curtis Bell's signature for a Humana Gold Plus HMO (H1951-028) policy on February 12, 2019. However, on February 8, 2021, an investigator with the Louisiana Department of Insurance spoke to Mr. Curtis Bell, and Mr. Bell stated that he did not meet with anyone from Humana at his residence on February 12, 2019, nor did he sign an application for insurance.

According to the PBID, Ms. Rogers obtained Ms. Francis Taylor's signature for a Humana Choice PPO (H5216-064) policy on February 12, 2019. However, on February 9, 2021, an investigator with the Louisiana Department of Insurance spoke to Ms. Francis Taylor, and Ms. Taylor stated that she did not meet with anyone from Humana at her residence on February 12, 2019, nor did she sign an application for insurance.

On September 30, 2020 Ms. Rogers was terminated for cause from Humana for the following:

- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

### **Salzhenitsyn Shumpert**

Slazhenitsyn Shumpert is an individual producer (License #786505) with a license date of May 8, 2018. On March 5, 2021, The LDI issued a Revocation Order and Notice of Fine for Ms. Slazhenitsyn Shumpert.

According to Humana, Ms. Slazhenitsyn Shumpert was a delegated agent SCS in 2019.

Humana SIU initiated an investigation after several allegations were received that persons with Humana policies, had their original policy cancelled and rewritten to a different plan, usually a PDP. These complaints included policyholders having to pay a premium which they never did before or having to pay a co-pay for a doctor visit or medicine which wasn't required previously. Investigation of allegations against Ms. Shumpert also revealed that the policyholders original AOR had been changed from their original agent to Ms. Salzhenitsyn Shumpert without their permission.

On November 19, 2019, Paula Little, daughter of Shirley Baker, a Humana member from Jeanerette, LA was interviewed by Humana Senior Special Agent Leonardo D. Floyd after filing a grievance with the company for changing her mother's Medicare plan. Ms. Little



advised that her mother is eighty-four (84) years old and doesn't comprehend anything well. Little handles all of her mother's important medical and business matters. All of her mother's mail is directed to Little's residence. Paula Little advised her mother's plan was changed so she contacted Medicare on June 10, 2019. Medicare advised her that someone had changed or cancelled her mother's original plan via online, and she was told to contact Humana. When questioned, Ms. Little stated that she did not know Ms. Schumpert nor ever heard the name, nor had she or her mother ever gave permission for anyone to change or cancel her Medicare policy and rewrite another one. Ms. Little was shown the signature on the policy and confirmed that her mother did not sign it.

Ms. Josephine B. Thevis, of Rayne, LA, received a coupon book in the mail for premium payments when her Medicare plan had always been deducted by social security. During an investigation, Humana was contacted and asked about the change in policy. Humana checked the status of the policy and learned that Ms. Thevis was dropped from her original plan and enrolled in a prescription plan without her consent. Further investigation revealed that Ms. Schumpert had disenrolled Ms. Thevis previous AOR, Advantage Benefits Consultants, and had enrolled herself as AOR without permission. Ms. Schumpert was listed as the agent for this change.

Humana requires that all agents have face to face meetings with clients prior to any changes made to their policies. Humana prepared a PBID to analyze the BOB and members enrolled by Ms. Schumpert. The PBID was designed to track agents' locations on any given date and time based on the documented member signature dates and times captured in various Humana's enrollment systems. The PBID was also designed to determine the probability or improbability of whether the agents met face to face with members indicated and required to enroll MA members. The analysis examined the elapsed length of time between one member's location and the next member's location on a specific date. Then it calculates the distance and average time it takes to travel between the two locations. If any enrollment times between two member's locations on a specific date were significantly faster or took less time than the average travel time to the next locations, it was determined that it was improbable that the agent met with the members for enrollment purposes. The analysis included approximately one hundred seven (107) MA members that were located in Louisiana. Based on the above described criteria, PBID results determined and concluded that it was improbable for Ms. Schumpert to have met with the members face to face to enroll them in MAP. As a result of an analysis of identified enrollment patterns, Humana SIU conducted a sampling of interviews of members enrolled by Ms. Shumpert.

Humana located approximately one hundred and seven (107) members from Louisiana whose policies were affected by Ms. Schumpert without permission.

On September 29, 2020 Ms. Schumpert was terminated for cause from Humana for the following:



- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

### **David Whitfield**

David Michael Whitfield is an individual producer (License #809188) with a license date of March 6, 2019 and is currently lapsed as of November 30, 2020. On March 29, 2021, The LDI issued a Cease and Desist Order, Summary Suspension, Revocation Order, and Notice of Fine for David Michael Whitfield.

According to information provided by Humana SIU, Mr. David Whitfield is an agent associated with SCS.

Humana SIU initiated an investigation after an allegation was received from the Sales Compliance and Medicare Regulatory Compliance Teams related to allegations from the Center for Medicare and Medicaid Services (CMS) involving the agency SCS and Mr. David Whitfield. SCS and you were suspected of fraudulently enrolling individuals into a Plan Benefit Package (PBP) plans without the beneficiary's (Member's) knowledge or authority.

According to information provided by Humana Special Investigations Unit, SCS and David Whitfield, during the Annual Enrollment Period for 2020, enrolled Humana members in PBP without their knowledge and authorization through the Online Enrollment Center or Humana Website and Agent Portal. SCS and Mr. Whitfield were alleged to have in their possession the information related to members who had been enrolled or disenrolled from Humana or MA/PDP and returned the same members to standard Medicare and PDPs. Based on their knowledge, SCS and Mr. Whitfield were believed to have moved the referenced members back to the MA/MAPD plans using the Open Enrollment Period related codes. Based on available information, it is believed that SCS and Mr. Whitfield were involved in a systemic operation of fraudulently enrolling Humana members in PBP without their knowledge and authorization.

Humana analyzed the book of businesses BOB and members enrolled by SCS and Mr. Whitfield. The analysis evaluated the agent's locations on any given date and time based on the documented member signatures dates and times captured in various Humana's enrollment systems. The analysis evaluated the probability or improbability of whether the agent met face-to-face with members as they indicated and were/are required to do to enroll MA members. The analysis examined the elapsed length of time between one member's location and the next member's location on a specific date. The distance and average time it takes to travel between the two locations were also calculated. If any enrollment times between two members' locations on specific dates were significantly faster or took less time than the average travel time to the next locations, it was determined that it was improbable that you met with the members for

enrollment purposes. The analysis did not include the necessary time required for you to discuss the plan or make a presentation to members. Without the additional time allotted, the referenced discussions and presentations, at a minimum of thirty (30) minutes, further made it improbable or impossible that you met with all submitted members for enrollment purposes. The analysis included BOB and members submitted or enrolled by Mr. Whitfield. Based on the analysis, it identified approximately forty-seven (47) MA members that were located in Louisiana.

According to the PBID, Mr. Whitfield obtained Ms. Yvonne Giidroz's signature for a Humana Gold Plus HMO (H1951-047-002) policy on October 22, 2019. However, on February 10, 2021, an investigator with the Louisiana Department of Insurance spoke to Ms. Giidroz, and Ms. Giidroz stated that she did not meet with anyone from Humana at her residence on October 22, 2019, nor did she sign an application for insurance.

On September 29, 2020 Mr. Whitfield was terminated for cause from Humana for the following:

- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

Based in its investigation, Humana Inc. reasonably believes SCS and its agents enrolled Humana members in PBP and MA/PBPs without the members' knowledge, consent, or authority to do so. These actions resulted in changes to members' policies that reduced or changed their coverage.

On September 29, 2020 SCS was terminated for cause from Humana for the following:

- The Company has determined that the agent was found to be engaged in fraudulent or dishonest acts or practices.

#### **VIOLATIONS:**

The use of false or misrepresentative facts and information such as the submission of fraudulent applications for policies of insurance as an insurance producer while conducting the business of insurance in the State of Louisiana is a violation of the statutes listed above. The activities listed above constitute a violation of La. R.S. 22:1554(A)(4),(6), and (10); La. R.S. 22:154(I); La. R.S. 22:1924(A)(1) and (2)(a); and La. R.S. 22:1964(12),(13), and (18).

**BE ADVISED:**



### **COMMISSIONER'S ACTION:**

#### **CEASE AND DESIST**

As a result of the investigation and documentation in possession of the LDI it has been determined that you are in violation of the statutes listed above, and the Louisiana Commissioner of Insurance hereby orders **Senior Care Services, LLC**, Producer Agency License Number **765888** and you, **Terrance Lamont French**, Producer License Number **408314**, to **CEASE AND DESIST** from the business of insurance in the State of Louisiana.

#### **SUMMARY SUSPENSION**

It is the finding of the Commissioner that you have committed these violations of the Louisiana Insurance Code as detailed above. It is also the finding of the Commissioner that, pursuant to La. R.S. 49:961(C), the public health, safety or welfare imperatively requires emergency action due to the aforementioned violations. Therefore, pursuant to the authority of the Commissioner found in La. R.S. 22:1554(A) and (I), and La. R.S. 22:1969 your Producer License Number **408314** issued to **Terrance Lamont French**, and Producer License Number **765888** issued to **Senior Care Services, LLC**, are hereby **SUMMARILY SUSPENDED** pending revocation.

#### **REVOCAION**

As a result of the investigation and documentation in possession of the LDI, determination has been rendered that you are in violation of the statutes listed above, and the Louisiana Commissioner of Insurance hereby serves you notice that Louisiana Insurance Producer License Number **408314**, issued to **Terrance Lamont French** as well as Producer License Number **765888** issued to **Senior Care Services, LLC**, are hereby **REVOKED** effective thirty (30) days from issuance of this Notice.

#### **FINE**

Additionally, the Commissioner hereby imposes upon **Senior Care Services, LLC**, a **FINE** in the amount of **five thousand dollars (\$5,000.00)**, and you, **Terrance Lamont French**, a **FINE** in the amount of **one thousand dollars (\$1,000.00)**, for a total fine amount upon you both of **six thousand dollars (\$6,000.00)**, and you are hereby ordered to pay the full amount immediately.

### **YOUR ACTION:**

Be advised that this constitutes an administrative action and that it will be reported to the National Insurance Producer Registry. You may need to report this administrative action to other states in which you hold an active license. Contact that state's insurance department if you are unsure of the requirements.

Please remit your two payments in the amounts of \$5,000.00 and \$1,000.00, or a single fine payment, for a total of \$6,000.00 as a fine payment, and a copy of this notice to:

Louisiana Department of Insurance  
Attn: Accounts Receivable  
P.O. Box 94214  
Baton Rouge, LA 70804-9214

Pursuant to La. R.S. 22:2191(A)(2), any person aggrieved by an act of the Commissioner may request a hearing. You must make a written demand for an appeal within thirty (30) days from the date of this notice. Failure to file a written demand for an appeal within thirty (30) days of this notice will preclude your right to an administrative hearing. Pursuant to La. R.S. 22:2191(B), your written demand for an appeal (1) shall reference the particular sections of the statutes and rules involved; (2) shall provide a short and plain statement of the matters asserted for review; and (3) shall attach a copy of the order or decision that you are appealing.

Appealing this notice does not stay the action of the Commissioner of Insurance. Pursuant to La. R.S. 22:2204 you must request and be granted a stay of this action by the Division of Administrative Law. Your request for a stay may be included in your appeal. Your written demand for an appeal shall be filed with the Louisiana Department of Insurance at the addresses below:

Louisiana Department of Insurance  
Attn: J. David Caldwell, Executive Counsel  
P. O. Box 94214  
Baton Rouge, LA 70804-9214  
Telephone: (225) 342-4673  
Fax: (225) 342-1632

File in Person at:

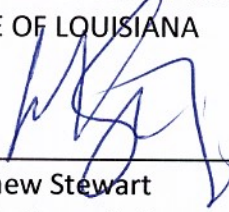
1702 N. Third Street  
Baton Rouge, LA 70802



Signed in Baton Rouge, Louisiana this 29<sup>th</sup> day of March 2021.

JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA

BY:

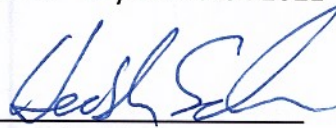
  
\_\_\_\_\_  
Matthew Stewart  
Deputy Commissioner  
Divisions of Fraud & Enforcement  
Louisiana Department of Insurance  
Telephone: (225) 219-5819

**CERTIFICATE OF SERVICE**

Article No. **7020 0090 0000 7287 7810**

Article No. **7020 0090 0000 7287 7827**

I hereby certify that I have this day served the foregoing document upon Senior Care Services, LLC and Terrance Lamont French by mailing a copy thereof properly addressed with postage prepaid, this 29<sup>th</sup> day of March 2021



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Heath Soileau