
In the Matter of Trilogy Health Insurance, Inc.

STIPULATION
AND ORDER

Case No. 19-C43062

Respondent.

WHEREAS, Trilogy Health Insurance, Inc., 18000 West Sarah Lane, Suite 310, Brookfield, Wisconsin 53045 ("Respondent"), is subject to the jurisdiction and control of the Office of the Commissioner of Insurance (the "Commissioner") in the State of Wisconsin; and

WHEREAS, My Choice Family Care, Inc. 10201 West Innovation Drive, Suite 100, Wauwatosa, Wisconsin 53226 ("Applicant"), is subject to the jurisdiction and control of the Commissioner in the State of Wisconsin; and

WHEREAS, a Form A Statement was filed by a My Choice Family Care, Inc., pursuant to s. 611.72, Wis. Stats., and s. Ins 40.02, Wis. Adm. Code, dated February 18, 2019, seeking approval from the Commissioner for a change of control of the Respondent Trilogy Health Insurance, Inc. (the "Change in Control Plan"); and

WHEREAS, the Respondent, the Applicant and the Commissioner have agreed to certain terms and conditions in conjunction with the Commissioner's approval of the Change in Control Plan.

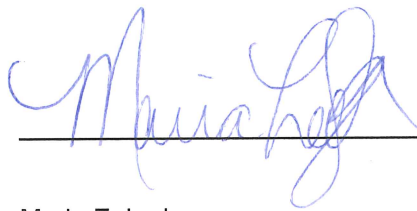
NOW, THEREFORE, the Respondent, the Applicant and the Commissioner do agree and stipulate to the following terms and conditions:

- (1) Respondent shall maintain surplus in excess of its security surplus standard pursuant s. 623.12, Wis. Stat., and s. Ins 51.80 (4), Wis. Adm. Code.
- (2) Respondent shall maintain a ratio of total adjusted capital to authorized control level risk-based capital of not less than 350%.
- (3) The Respondent and the Applicant are responsible for monitoring compliance with this Stipulation and Order. In the event of noncompliance with either paragraph (1) or (2), as calculated based on the most recently available annual statement information or at any time such noncompliance becomes or should have become known, the Respondent and the Applicant shall have a forty-five (45) business day period following the discovery of the occurrence to either cure the noncompliance at issue through receipt by the Respondent of a capital contribution from its ultimate controlling person, the Applicant, or file a comprehensive plan of corrective actions ("Corrective Plan") with the Commissioner. After reviewing the plan, the Commissioner shall notify the Respondent and the Applicant, within fifteen (15) business days of receiving the Corrective Plan, whether the Corrective Plan is acceptable to the Commissioner.
- (4) If the Respondent is not in compliance with both paragraphs (1) and (2) and the Respondent or the Applicant has neither cured the noncompliance at issue nor filed a Corrective Plan acceptable to the Commissioner within a forty-five (45) business day period following the discovery of the noncompliance, the Respondent shall cease and desist from the writing of new direct or assumed insurance business, unless the Commissioner, in its sole discretion, allows additional time for the Respondent to comply with paragraphs (1) and (2) without the Respondent ceasing and desisting from the writing of new direct or assumed insurance business.

- (5) For purposes of this Stipulation and Order, the application of the Wisconsin Statutes and the Wisconsin Administrative Code are not modified except as explicitly stated herein.
- (6) The Respondent and the Applicant both agree that this Stipulation is made without reservation and constitutes a waiver of valuable rights including a hearing, confrontation and cross-examination of witnesses, production of evidence, making a motion for costs, and judicial review. The Commissioner may enforce this Stipulation and Order. In addition, if the Respondent or the Applicant is involved in a future administrative or disciplinary action, this Stipulation may be considered. The Respondent acknowledges that the Commissioner may make additional orders or subsequently modify or supersede this Order by making a subsequent order. However, this Stipulation applies only to this Order as originally issued and the Respondent and the Applicant reserves the right to contest any other new orders of the Commissioner or any modifications to this Order.

5/9/19

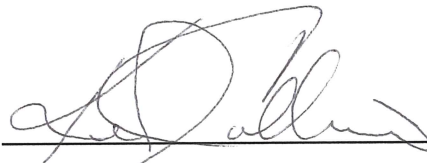
Date



Maria E. Ledger
Chief Executive Officer
Trilogy Health Insurance, Inc.

5-9-2019

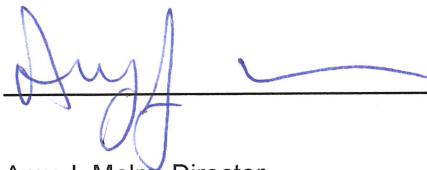
Date



Kevin Collins
General Counsel and Chief Compliance Officer
My Choice Family Care, Inc.

6/10/19

Date



Amy J. Malm, Director
Bureau of Financial Analysis and Examinations
Office of the Commissioner of Insurance

ORDER

NOW, THEREFORE, based upon consideration of the Stipulation in this matter, I hereby order that:

- (7) The Respondent and the Applicant shall comply with their agreements as recited in this Stipulation.

- (8) This order shall become effective immediately upon approval by the Commissioner of the Change in Control Plan filed by the Applicant concerning the Respondent and shall continue until modified, superseded or terminated by the Commissioner with written notice to the Respondent and the Applicant.

Dated at Madison, Wisconsin, this 10th day of June, 2019.



Mark V. Afable
Commissioner of Insurance