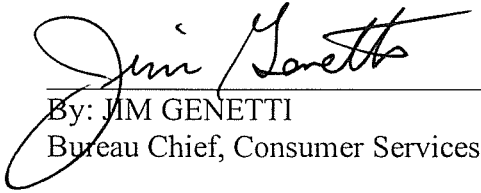




1. BENEFIT CONCEPTS, a Rhode Island Corporation, is not licensed as a third party administrator with the State of Idaho.
2. BENEFIT CONCEPTS admits to acting as an administrator for an Idaho-domiciled self-funded plan without being licensed in Idaho. BENEFIT CONCEPTS agrees this action is in violation of Idaho Code § 41-913(1).
3. BENEFITS CONCEPTS agrees to submit a complete licensing application within thirty (30) days of the entry of the attached ORDER.
4. BENEFITS CONCEPTS agrees to pay an administrative penalty of one thousand dollars (\$1,000).
5. On or about May 20, 2008, the Department received:
  - a. a letter drafted by Brown indicating the willingness of BENEFIT CONCEPTS to stipulate to the terms contained herein and
  - b. a check in the amount of one thousand dollars (\$1,000) for the administrative penalty.
6. The Department agrees to forego administrative action to impose additional penalties for violations of Idaho Code § 41-913(1) prior to the entry of the attached ORDER.
7. The parties agree that the terms of this Stipulation are appropriate and proper under the circumstances referenced herein, and that they have entered into this Stipulation knowingly, voluntarily, and with full knowledge of any rights they may be waiving thereby. Additionally, the parties hereby waive the right to seek reconsideration and judicial review of the attached order.

DEPARTMENT OF INSURANCE  
STATE OF IDAHO

  
By: JIM GENETTI  
Bureau Chief, Consumer Services

Dated this 2<sup>ND</sup> day of ~~June~~ <sup>July</sup> 2008.

  
By: MICHAEL K. NAETHE  
Deputy Attorney General

Dated this 1<sup>ST</sup> day of ~~June~~ <sup>July</sup> 2008.

BENEFIT CONCEPTS INC. OF RHODE ISLAND

  
By: DAVID BROWN  
Controller

Dated this 12<sup>TH</sup> day of June 2008.

**ORDER**

IT APPEARING FROM THE FOREGOING THAT GOOD CAUSE EXISTS, IT IS HEREBY ORDERED that the foregoing Stipulation of the parties is adopted and accepted in full and made a part of this Order, effective as of the date executed by the Director.

DATED this 2<sup>nd</sup> day of July 2008.

  
\_\_\_\_\_  
WILLIAM W. DEAL  
Director

**CERTIFICATE OF SERVICE**

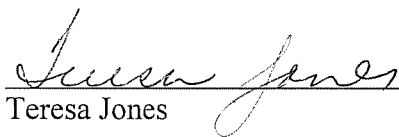
I HEREBY CERTIFY that I have on this 2<sup>nd</sup> day of July 2008, caused a true and correct copy of the foregoing document to be served upon the following by the designated means:

David Brown  
Benefit Concepts Inc of Rhode Island  
20 Risho Avenue  
East Providence, Rhode Island 02914

- first class mail
- certified mail
- hand delivery
- via facsimile

Michael K. Naethe  
Deputy Attorney General  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720 – 0043

- first class mail
- certified mail
- hand delivery
- via facsimile

  
Teresa Jones