STATE OF INDIANA) .	BEFORE THE INDIANA
) SS:	COMMISSIONER OF INSURANCE
COUNTY OF MARION)	
		CAUSE NO.: 24468-PB25-0925-10 0
IN THE MATTER OF:)
)
MaxCare, LLC	•)
P.O. Box 16430)
Oklahoma City, OK 73113	3)
Applicant.))
Type of Agency Action:) }
PBM Enforcement		ý
Application Number: 1197	7764))

FINAL ORDER

The Pharmacy Benefit Manager Division of the Indiana Department of Insurance ("Department"), by counsel, Samantha Aldridge, and MaxCare, LLC ("Applicant"), a pharmacy benefit manager applicant, signed an Agreed Entry which purports to resolve all issues involved in the above-captioned cause number, and which has been submitted to the Commissioner of the Indiana Department of Insurance ("Commissioner") for approval.

The Commissioner, after reviewing the Agreed Entry, which levies a two hundred fifty dollar (\$250) civil penalty against Applicant for failing to disclose an administrative action on its application for licensure to the Department, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry, attached, as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner as follows:

- 1. Applicant's application for a Pharmacy Benefit Manger license shall be approved contingent upon timely payment of the civil penalty.
- 2. Applicant shall pay a civil penalty in the amount of two hundred fifty dollars (\$250) to the Department within thirty (30) days after the date of this Final Order.
- 3. Failure to timely pay the civil penalty may result in the Department denying Applicant's application for a Pharmacy Benefit Manager license.

Date Signed

Holly W. Lambert, Commissioner Indiana Department of Insurance

Distribution:

Samantha Aldridge, Attorney

ATTN: Dan Fetz, Insurance Investigator

Indiana Department of Insurance 311 W. Washington St, Suite 103 Indianapolis, Indiana 46204-2787

MaxCare, LLC ATTN: J.J. Peek

P.O. Box 16430

Oklahoma City, OK 73113

STATE OF INDIANA)	BEFORE THE INDIANA
) SS:	COMMISSIONER OF INSURANCE
COUNTY OF MARION)	
ŕ	CAUSE NO.:24468-PB25-0925-100
IN THE MATTER OF:)
)
MaxCare, LLC)
P.O. Box 16430)
Oklahoma City, OK 73113)
Applicant.	} FILED
Type of Agency Action:	NOV 1 2 2025
PBM Enforcement) 140A T \$ 5052
Application Number: 1197764) STATE OF INDIANA) DEPT. OF INSURANCE

AGREED ENTRY

This Agreed Entry is executed by and between the Pharmacy Benefit Manager Division of the Indiana Department of Insurance ("Department"), by counsel, Samantha Aldridge, and MaxCare, LLC ("Applicant"), to resolve all issues in the above-captioned cause number. This Agreed Entry is subject to the review and approval of Holly W. Lambert, Commissioner of the Indiana Department of Insurance ("Commissioner").

WHEREAS, on December 17, 2024, Applicant submitted an application for a Pharmacy Benefit Manager ("PBM") license;

WHEREAS, on February 7, 2024, Applicant entered into a Consent Order with Commissioner/West Virginia Offices of the Insurance Commissioner ("WVOIC") for operating as a PBM without a license that resulted in a civil penalty;

WHEREAS, Applicant failed to disclose the West Virginia Consent Order on the December 17, 2024 application for licensure;

WHEREAS, Applicant's conduct is in violation of 760 IAC 5-2-1(A)(ii), an insurance administrative code which states, in part, the pharmacy benefit manager applicant must include a detailed explanation of adverse regulatory actions taken by a state or federal regulatory law enforcement or agency, or other reportable actions against the applicant;

WHEREAS, 760 IAC 5-6-1 states, in part, that the Commissioner may levy a civil penalty against a pharmacy benefit manager applicant for violations of this article;

WHEREAS, J.J. Peek, Vice President, MaxCare, is authorized to act on behalf of Applicant and obligate it to perform in accordance with this agreement; and

WHEREAS, the Department and Applicant (collectively, the "Parties") desire to resolve this matter without the necessity of a hearing.

IT IS, THEREFORE, NOW AGREED by and between the Parties as follows:

- The Commissioner has jurisdiction over the subject matter and the Parties to this Agreed Entry.
- 2. In order to avoid formal litigation in this matter, Applicant has determined that it is in Applicant's best interest to enter into this Agreed Entry. As such, Applicant acknowledges that Applicant executes this Agreed Entry with full realization of its contents and effects.
- This Agreed Entry is executed knowingly, voluntarily, and freely by the Parties.
 The Parties agree that the terms of this Agreed Entry constitute final resolution of this matter.

- 4. Applicant knowingly, voluntarily, and freely waives the right to a public hearing on this matter, including the right to appear in person before the Commissioner, present evidence, cross-examine witnesses, and present arguments.
- 5. Applicant knowingly, voluntarily, and freely waives the right to judicial review of this matter or otherwise appeal or challenge the validity of this Agreed Entry.
- 6. Applicant knowingly, voluntarily, and freely waives, releases, and forever discharges all claims or challenges, known or unknown, against the Department, its Commissioner, employees, agents, and representatives, in its individual and official capacities, that arise out of or are related to the Agreed Entry or Final Order, including but not limited to any act or omission as part of the underlying audit, investigation, negotiation, or approval process.
- 7. Applicant's PBM license shall be approved contingent upon Applicant timely paying the civil penalty. Applicant shall pay a civil penalty in the amount of Two Hundred Fifty Dollars (\$250) to the Department within thirty (30) days after the Commissioner signs the Final Order adopting this Agreed Entry. Failure to timely pay the civil penalty will result in the Department seeking immediate revocation of Applicant's license.
- 8. Applicant has carefully read and examined this Agreed Entry and fully understands its terms.
- 9. Applicant has had the opportunity to have this Agreed Entry reviewed by legal counsel of Applicant's choosing, at Applicant's own expense, and is aware of the benefits gained and obligations incurred by the execution of this Agreed Entry.

- Applicant understands and agrees that the Department cannot give Applicant legal advice.
- 10. Applicant has entered into this Agreed Entry knowingly, voluntarily, and freely and has not been subject to duress, coercion, threat, or undue influence.
- 11. This Agreed Entry constitutes the entire agreement between the Parties, and no other promises or agreements, express or implied, have been made by the Department or by any employee, director, agent or other representative thereof to induce Applicant to enter this Agreed Entry.
- 12. The Department agrees to accept Applicant's compliance with the terms of this Agreed Entry as full satisfaction of this matter and warrants and represents that so long as Applicant complies with the terms of this Agreed Entry, the Department will not bring any further action against Applicant based on the facts that gave rise to this Agreed Entry.
- 13. In the event the Department finds there has been a breach of any of the provisions of this Agreed Entry, the Department may reopen this matter and pursue alternative action pursuant to Indiana Code § 27-1-24.5-28 and 760 IAC 5-6-1.
- 14. Applicant waives any applicable statute of limitations for purposes of any enforcement of the terms and conditions of this Agreed Entry.
- 15. Applicant acknowledges that this Agreed Entry may be admitted into evidence in any judicial or administrative proceeding against Applicant to enforce the terms and conditions contained herein.

- 16. Applicant understands that this Agreed Entry resolves only the matter pending with the Department and does not affect any criminal prosecution or civil litigation that may be pending or hereinafter commence against Applicant.
- 17. This Agreed Entry does not in any way affect the Department's authority in future audits, investigations, examinations, negotiations, or other complaints involving Applicant.
- 18. It is expressly understood that this Agreed Entry is subject to the Commissioner's acceptance and has no force or effect until such acceptance is evidenced by the entry of a Final Order by the Commissioner.
- 19. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to, and consideration of this Agreed Entry by the Commissioner, shall not unfairly or illegally prejudice the Commissioner or Applicant from further participation in or resolution of these proceedings.
- 20. If this Agreed Entry is accepted by the Commissioner, it will become part of Applicant's permanent record and may be considered in future actions brought by the Department or any other regulator against Applicant. It is further understood that, if accepted by the Commissioner, this Agreed Entry and resulting Final Order are public records pursuant to Indiana Code § 4-21.5-3-32 that may not be sealed or otherwise withheld from the public and may be reported to the National Association of Insurance Commissioners and published on the Department's website as required.

21. Applicant acknowledges that this is an Administrative Action Applicant may be required to report to other jurisdictions in which Applicant is licensed and on future licensing applications.

10/7/25 Date Signed

Samantha Aldridge, Attorney 35162-49
Indiana Department of Insurance

Date Signed

J.J. Peek, Vice President, MaxCare, MaxCare, LLC

STATE OF OKLAHOMA) SS:
COUNTY OF <u>OKlahoma</u>)
Before me a Notary Public for OKIAHOMA County, State of Oklahoma
personally appeared, J.J. Peek on behalf of MaxCare, LLC, and being first duly sworn by me upon
oath, says that the facts alleged in the foregoing instrument are true.
Signed and sealed this 30 day of September, 2025.
Sheller Renee McGeHeer Sheller Renee McGeHeer Signature Signature Signature Sheller Renee McGeheer Signature Signature Sheller Renee McGeheer Signature Sheller Renee McGeheer Signature Sheller Renee McGeheer Signature Sheller Renee McGeheer Signature
My Commission expires: 4-18-29
County of Residence: OKlamoma_

Return executed originals to: INDIANA DEPARTMENT OF INSURANCE PBM Division, Suite 103 311 West Washington Street Indianapolis, IN 46204-2787