



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

April 18, 2022

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF FINE

CAS – Claims Administrative Services, Inc.
Attn: William Scott Constanza, President
P.O. Box 7500
Tyler, TX 75711

RE: Late Filing of 2021 Annual Report and Fee for CAS – Claims Administrative Services, Inc.
Item # 7015 0640 0006 64230 2994

Dear Mr. Constanza:

Pursuant to La R.S. 22:1653A:

“Each administrator shall file an annual report for the preceding year with the Commissioner on or before March 1st of each year, or within such extension of time therefore as the commissioner may grant for good cause. The report shall be in the form and contain all information as the Commissioner requires and shall be verified by at least two officers of the administrator.”

Pursuant to La. R.S. 22:1653C:

“At the time of filing its annual report, the administrator shall pay a filing fee in the amount set forth in R.S. 22:821.”

According to the records of this Office, the above captioned third party administrator failed to file the required annual report and pay the necessary fee prior to the March 1, 2022 deadline. The Louisiana Department of Insurance did not receive the 2021 annual report until March 15, 2022. The failure to file the required report and pay the necessary fee within the statutory deadline constitutes a violation of the above cited statutes.

Pursuant to La. R.S. 22:1654B(1);

“The commissioner may suspend or revoke the license of an administrator or impose a fine not to exceed five thousand dollars per violation or twenty-five thousand dollars in the aggregate, if the commissioner finds any of the following as to the administrator:
Has violated any lawful rule or order of the commissioner or any provision of the insurance laws of this state.”

You are hereby notified that CAS – Claims Administrative Services, Inc., a third party administrator licensed by the Louisiana Department of Insurance, is fined in the amount of five thousand dollars (\$5,000.00) for the above cited violations.

The above indicated fine is due and payable immediately. Failure to remit payment by check or money order made payable to the "State of Louisiana – Department of Insurance" within thirty days of the date of this notice will result in the suspension or revocation of the third party administrator license for CAS – Claims Administrative Services, Inc.

Please return the payment and a copy of this notice to:

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

You have the right to appeal this action and be granted an administrative hearing before the Division of Administrative Law. You must make a written demand for an appeal within thirty (30) days from the date you receive this notice. Failure to file a written demand for an appeal with thirty (30) days from the date you receive 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. Your written demand for an appeal shall be filed with BOTH the Division of Administrative Law and the Louisiana Department of Insurance at the addresses below:

Division of Administrative Law
Attn: Clerk of Court
P. O. Box 44033
Baton Rouge, LA 70804-4033

Telephone: (225) 342-1800
Fax: (225) 342-1812

File in Person at:
1020 Florida Street
Baton Rouge, LA 70802

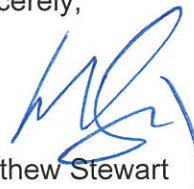
Louisiana Department of Insurance
Attn: David Caldwell, Exec Counsel
P. O. Box 94214
Baton Rouge, LA 70804-9214

Telephone: (225) 342-4673
Fax: (225) 342-1632

File in Person at:
1702 N. Third Street
Baton Rouge, LA 70802

If you have any questions, please feel free to contact Matthew Stewart at 225-219-5941 or via email at matthew.Stewart@ldi.la.gov.

Sincerely,



Matthew Stewart
Deputy Commissioner
Licensing & Compliance