

No. **2026-10136**

**Official Order
of the
Texas Commissioner of Insurance**

Date: 09/18/2026

Subject Considered:

Zon Re-USA, LLC
2 Corporate Dr, Ste 636
Shelton, CT 06484-6426

Default Order
TDI Enforcement File No. 38867

General remarks and official action taken:

This is a default order taken against Zon Re-USA, LLC (Respondent) because it failed to comply with the requirements to maintain its third party administrator certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's license.

The following findings of fact and conclusions of law are adopted:

Findings of Fact

Failure to Respond to Notice of Allegations

1. On July 8, 2026, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.
2. The department sent the Notice of Allegations to Respondent's last known address provided in writing to the department, 2 Corporate Dr, Ste 636, Shelton, CT 06484-6426.
3. The department gave Respondent notice and opportunity for a hearing, which Respondent waived by failing to send a written response to the Notice of Allegations within 20 days after the date it was mailed.

4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

Conclusions of Law

1. The commissioner has jurisdiction under Texas law, including TEX. INS. CODE §§ 82.051-82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, and 4151.301-4151.309; 28 TEX. ADMIN. CODE §§ 1.502, 1.1601, 7.1603, and 7.1609; and TEX. GOV'T CODE §§ 2001.003(1) and 2001.051-2001.178.
2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.
3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.1302, 1.28, 1.47, and 19.906.
4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.
5. Respondent failed to show compliance with the law.
6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

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Commissioner's Order

Zon Re-USA, LLC

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Order

It is ordered that the third party administrator license, license no. 298806, held by Zon Re-USA, LLC, is revoked. A copy of this order will be provided to law enforcement or other appropriate administrative agencies for further investigation as may be warranted.

Signed by:

Amanda Crawford

FE10434BC41A470...

Amanda Crawford

Commissioner of Insurance

Prepared and reviewed by:

Sarah Bonee

Sarah Bonee, Staff Attorney
Enforcement

Affidavit

STATE OF TEXAS §

§

COUNTY OF TRAVIS §

Before me, the undersigned authority, personally appeared Daniel Mireles, who, being by me duly sworn, deposed as follows:

"My name is Daniel Mireles and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning Zon Re-USA, LLC. I have confirmed that:

- a. The last mailing address provided to the department in writing by Zon Re-USA, LLC, is 2 Corporate Dr, Ste 636, Shelton, CT 06484-6426.
- b. The file maintained by Enforcement contains a Notice of Allegations dated July 8, 2026, which was sent to Zon Re-USA, LLC.
- c. On July 8, 2026, the Notice of Allegations addressed to Zon Re-USA, LLC was mailed first-class and certified, return receipt requested, to its last known address.

Copies of the first-class mail log and certified mail log maintained by Enforcement are attached as Exhibit B and Exhibit C, respectively."

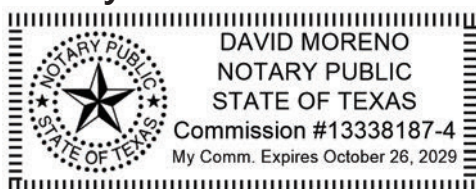
Signed by:

Daniel Mireles

FE2EC2622630498...
Affiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 8/20/2026. This notarial act was an online notarization.

Notary Seal



Digital Certificate

Signed by:

David Moreno

455E4109E15D4CD...
Notary Public State of Texas

2026-10136



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

EXHIBIT

A

July 8, 2026

Zon Re-USA, LLC
2 Corporate Dr, Ste 636
Shelton, Connecticut 06484-6426

Via CM/RRR No.9214 8901 9403 8332 6654 43
Via First Class Mail

TDI ENFORCEMENT CASE NO. 38867
NOTICE OF ALLEGATIONS AGAINST ZON RE-USA, LLC

The Texas Department of Insurance (TDI) seeks to take disciplinary action against ZON RE-USA, LLC to revoke its certificate of authority to act as a third-party administrator. This Notice states the allegations against ZON RE-USA, LLC and the relief sought by TDI.

YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS

YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW. To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Sarah Bonee, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
Sarah.Bonee@tdi.texas.gov

Jurisdiction

The commissioner of insurance has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.003(1) and 2001.051–2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

Factual Allegations

1. On November 04, 2015, TDI issued ZON RE-USA, LLC a third-party administrator (TPA) certificate of authority no. 2988806.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.
4. TPAs must pay a non-refundable \$200 filing fee for each annual report.
5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.
6. ZON RE-USA, LLC failed to file its annual report for calendar year 2024 and failed to pay the associated \$200 filing fees for calendar years 2023-2024.
7. TDI's investigation revealed no active registration for ZON RE-USA, LLC with the Texas Secretary of State.

Legal Allegations

1. ZON RE-USA, LLC failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.
2. ZON RE-USA, LLC failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).

3. ZON RE-USA, LLC failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).
4. ZON RE-USA, LLC has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
5. ZON RE-USA, LLC has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

Relief Sought

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;
2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and
3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,



Sarah Bonee

State Bar No. 24130300

Texas Department of Insurance

Enforcement, MC ENF

P.O. Box 12030

Austin, Texas 78711-2030

(512) 676-6334 (Direct)

(512) 490-1020 (Fax)

Sarah.Bonee@tdi.texas.gov

2026-10136

Notice of Allegations

Zon Re-USA, LLC

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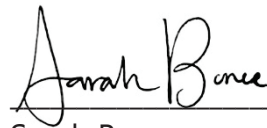
cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Whitney Fraser, Litigation Director, Enforcement, MC: ENF

CERTIFICATE OF SERVICE

I, Sarah Bonee, certify that a true and correct copy of this *Notice of Allegations Against Zon Re-USA, LLC* was sent by the following methods on this 8th day of July, 2026 to:

Zon Re-USA, LLC
2 Corporate Dr Ste 636
Shelton, Connecticut 06484-6426

Via CM/RRR No.9214 8901 9403 8332 6654 43
Via First Class Mail



Sarah Bonee

2026-10136

EXHIBIT

B

Shipment Confirmation
Acceptance Notice

A. Mailer Action

Note to Mailer: The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 07/08/2026

Shipped From:

Name: ENF J GONZALES

Address: 1601 CONGRESS AVE

City: AUSTIN

State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	1
Total	1

*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

Note to RSS Clerk:

1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

USPS EMPLOYEE: Please scan upon pickup or receipt of mail.
Leave form with customer or in customer's mail receptacle.

USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0072 2761 80

BOONE/38867





Name and Address of Sender
ENF J. GONZALES
1601 CONGRESS AVE
STE 6,900
AUSTIN TX 78701

- Check type of mail or service
- | | |
|--|---|
| ☐ Adult Signature Required | ☐ Priority Mail Express |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail |
| ☒ Certified Mail | ☐ Return Receipt for Merchandise |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation |
| ☐ Collect on Delivery (COD) | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Priority Mail | |

Affix Stamp Here
(for additional copies of this receipt).
Postmark with Date of Receipt.

USPS Tracking/Article Number

1. 9214 8901 9403 8332 6554 43

ZON RE-USA, LLC

Postage

(Extra Service) Fee

Handling Charge

Actual Value if Registered

Insured Value

Due Sender if COD

ASR Fee

ASRD Fee

RD Fee

RR Fee

SC Fee

SCRD Fee

SH Fee

BOONE/38867

SHELTON CONNECTICUT 06484-6426

0.74

5.30

Handling Charge - if Registered and over \$50,000 in value

Adult Signature Required

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Special Handling

2026-10136



Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

complete in Ink

Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy.

PS Form 3877, January 2017 (Page 1 of 1)

PSN 7530-02-000-9098

JobId 5978113

2026-10136

PS Form 3877, June 2015

Created by Sender

Completed in Ink

Privacy Note: For more information on USPS privacy policies, visit usps.com/privacy-policy

Name and Address of Sender
Texas Dept of Insurance
Mail Code ENF
1601 Congress Avenue, Suite 6.900
Austin TX 78701
Jackie Gonzales, July 8, 2026

☐ Check type of mail or service ☐ Add Signature Required ☐ Add Signature Restricted Delivery ☐ Certified Mail ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery (CCO) ☐ Insured Mail ☐ Priority Mail	☐ Priority Mail Express ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery
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Affix Stamp Here
(if issued as an international certificate of mailing or for additional copies of this receipt). Postmark with
Date of Receipt:

Firm Mailing Book For Accountable Mail

USPS Tracking/Article Number

Address (Name, Street, City, State, & Zip Code)

Postage

Boone/38867

Shelton, Connecticut 06484-6426

7

(EXV)
Service)
Fee

Handling Charge

Actual Value
Required

Insured Value

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if COD	

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CORRECTION
IMI

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07/08/2026 ZIP 78701
0434432200395

US POSTAGE

Handling Charge-if Registered and

Adult Signature Require

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt		
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Signature Confirmation

Signature Confirmation Restricted De

Special Handlin

Postmaster: Per (Name of) employee

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