

**BEFORE THE INSURANCE COMMISSIONER
FOR THE STATE OF DELAWARE**

IN THE MATTER OF:	)	
	)	
EQUITABLE FINANCIAL LIFE	)	DOCKET NO. (5553)
INSURANCE CO.	)	
NAIC #62944	)	

STIPULATION AND CONSENT ORDER

THIS STIPULATION AND CONSENT ORDER is entered into as of December 13, 2024, by and between Equitable Financial Life Insurance Co. (the “Respondent”) and the State of Delaware Department of Insurance (the “Department”). Respondent and the Department are collectively referred to herein as the “Parties.”

WHEREAS, Respondent is a life and health incorporated under New York law and authorized to conduct the business of insurance in the State of Delaware; and

WHEREAS, the Department, through its examiners, conducted a target market conduct examination (“Examination”) of Respondent’s affairs and practices as of August 31, 2023; and

WHEREAS, pursuant to 18 *Del. C.* § 321(c), the Department provided Respondent with a verified written report of examination under oath (the “Examination Report”); and

WHEREAS, Respondent has reviewed and provided the Department with comments on the Examination Report; and

WHEREAS, after considering Respondent’s comments, the Department, through its examiners, has prepared a final report of the Examination, dated as of August 31, 2023 (the “Final Examination Report”); and

WHEREAS, among other findings contained in the Final Examination Report, the Department concluded that the Respondent’s practices and procedures did not comply with the

below-listed statutory and regulatory provisions (collectively, the “Violations”):

18 *Del. C.* §1716(a)(b)(c)(d). Notification to Insurance Commissioner of termination;

18 *Del. Admin. C.* § 1204-7.1 Duties of Insurers That Use Agents and Brokers

18 *Del. Admin. C.* §902-1.2.1.2 Prohibited Unfair Claim Settlement Practices

and

WHEREAS, following arms-length communications with the Department, Respondent desires to resolve this matter without recourse to any administrative hearing or court action.

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

1. All of the recitals set forth above are hereby incorporate herein and made a part of this Stipulation and Consent.

2. Respondent accepts the Final Examination Report, waives any right to a hearing thereon, and agrees that the Department may file the Final Examination Report without any further modifications. The Department shall post a copy of the Final Examination Report and this Stipulation and Consent on the Department’s public website.

3. Respondent shall immediately implement corrective actions (the “Corrective Actions”) for any and all Exceptions and Recommendations included in the Final Examination Report and shall report completion of the Corrective Actions to the Department within thirty (30) days of the date of this Stipulation and Consent Order. Within one year of the date of the Final Examination Report, the Department may re-examine the Exceptions and Recommendations in the Final Examination Report and determine whether the Corrective Actions were appropriate, properly implemented, and effective. If Respondent continues to be out of compliance by either failing to timely submit the Corrective Actions to the Department, or as determined by the Department’s re-

examination, the Department may issue additional penalties, including but not limited to, additional administrative monetary penalties, prohibiting new business in the State of Delaware, and suspension or revocation of the Respondent's certificate of authority.

4. Upon execution of this Stipulation and Consent Order, Respondent shall pay to the Department an administrative penalty for the Violations in the amount of Twenty Thousand Dollars (\$20,000.00). Payment shall be in the form of a check made payable to the "State of Delaware."

5. Respondent waives any right to challenge in an administrative or court proceeding any of the terms and conditions of this Stipulation and Consent Order.

6. This Stipulation and Consent Order is the free and voluntary act of Respondent, and its terms are binding upon Respondent and may be admitted into evidence in any judicial or administrative proceeding against Respondent for any purpose. Respondent acknowledges that it has had a full opportunity to seek and receive advice of counsel on all matters related to this Stipulation and Consent Order.

7. This Stipulation and Consent Order contains all terms and conditions agreed to by the parties and constitutes the final agreement between Respondent and the Department.

8. No change, amendment, or modification hereto shall be effective or binding unless it is in writing, dated, and signed by the parties.

9. If the Department fails to act on any one or more defaults by Respondent, such failure to act shall not be a waiver of any rights hereunder on the part of the Department to declare Respondent in default and to take such action as may be permitted by this Stipulation and Consent Order or by any applicable law.

10. This Stipulation and Consent Order may be signed in duplicate, and both documents shall be considered originals. The person executing this Stipulation and Consent Order on behalf of Respondent shall acknowledge his or her signature before a Notary Public and, by executing this Stipulation and Consent Order, certifies that he or she is duly authorized to execute this Stipulation and Consent Order on behalf of Respondent. Respondent agrees that an uncertified copy of this Stipulation and Consent Order shall be valid as evidence in any proceeding for purposes of enforcement.

11. This Stipulation and Consent Order shall survive Respondent and be enforceable against its successors, transferors, or assigns.

[Signature Page Follows]

EQUITABLE FINANCIAL LIFE
INSURANCE CO.
NAIC # 62944

Rosa G. Iturbides

Rosa G. Iturbides
Senior Director and Signatory
Officer

December 5, 2024

Kelly C. Griffin

Witness to Respondent's Signature

Name: Kelly C. Griffin

Title: Paralegal

Date: December 5, 2024

STATE OF New York)
) SS.
COUNTY OF New York)

The foregoing instrument was acknowledged before me this 5th day of Dec 2024,
by Rosa Iturbides, who is personally known to me or who has produced
driver's license as identification, and who certified that he or she is duly authorized to
execute this document on behalf of Respondent.

GIVEN under my Hand and Seal of office, the day and year aforesaid.



DELAWARE DEPARTMENT OF INSURANCE

Trinidad Navarro

Trinidad Navarro
Insurance Commissioner

12/16, 2024

Caterina Gallina
NOTARY PUBLIC

Caterina Gallina
PRINT NAME

April 29 2026
MY COMMISSION EXPIRES