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Attorney General
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State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone (801) 538-3872

**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

COMPLAINANT:	:	NOTICE OF INFORMAL
	:	ADJUDICATIVE PROCEEDING
UTAH INSURANCE DEPARTMENT	:	AND ORDER
	:	
RESPONDENT:	:	DOCKET NO. <u>2009-126PC</u>
	:	
BEEHIVE TITLE INSURANCE AGENCY, LC	:	E-CASE NO. 2514
1824 West 12600 South, Ste. 1	:	
Riverton, Utah 84065	:	
License No. 102967	:	
	:	
Attention: Michael D. Roberts	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to the Utah Code Annotated (U.C.A.), Sections 31A-2-201 and 63-46b-3 and Utah Administrative Code (U.A.C.), Rule R590-160. Based upon information contained in agency files or known to the Commissioner, the Commissioner makes the following:

FINDINGS OF FACT

1. Respondent is a licensed title insurance agency in the State of Utah.

2. Respondent failed to timely file an Annual Report and a Controlled Business Report for the calendar year 2008 with the Commissioner by the thirtieth day of April 2009.

3. Respondent also failed to timely file its Annual and Controlled Business Reports in year 2004.

CONCLUSION OF LAW

1. In failing to file an Annual Report and a Controlled Business Report with the Commissioner when due, Respondent violated Utah Code Ann. §31A-23a-413 and Utah Admin. Code, Rule R590-136-4 and R590-136-5.

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$1,500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. This Order shall become final fifteen (15) days after the date of mailing unless written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

NOTIFICATION

If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an Order of the Commissioner may subject

you to further penalties, including forfeitures of up to \$5,000.00 per violation and the suspension or revocation of your license of the filing of an action to enforce this Order in District Court which may impose forfeitures of up to \$10,000.00 per day for continued violation.

Questions regarding this Administrative Proceeding should be directed to Tammy Greening at the Utah Insurance Department, (801) 538-3786.

DATED THIS 30th day of September 2009.

D. KENT MICHIE
INSURANCE COMMISSIONER

A handwritten signature in cursive script, reading "Mark E. Kleinfeld", is written over a horizontal line.

MARK KLEINFELD, J.D.
ADMINISTRATIVE LAW JUDGE
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATE OF MAILING

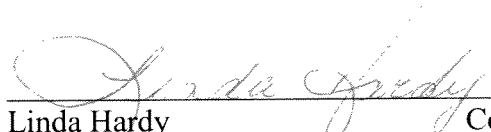
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

Beehive Title Insurance Agency, LLC
Attn: Michael D. Roberts
1824 West 12600 South, Ste. 1
Riverton, UT 84065

DATED this 30th day of September, 2009.



Linda Hardy Court Clerk
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901

UTAH
Invoice - Original

Printed Date: September 30, 2009
Invoice Date: September 30, 2009
Balance Due: \$1,500.00
Due Date: October 25, 2009
Invoice ID: 431028
Payor ID: 11991

BEEHIVE TITLE INSURANCE AGENCY LC
1864 W 12600 S STE 1
RIVERTON UT 84065

Item Description	Amount
9/30/2009 Monetary Penalty Agency	\$1,500.00
E-Case 2514 Docket 2009-126 PC	
Original Amount Due	\$1,500.00

UTAH
Invoice - Original

Invoice Date: September 30, 2009
Balance Due: \$1,500.00
Due Date: October 25, 2009
Invoice ID: 431028
Payor ID: 11991
Payor Name: BEEHIVE TITLE
INSURANCE
AGENCY LC

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901