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Telephone (801) 538-3872

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

<b>COMPLAINANT:</b>	:	<b>NOTICE OF INFORMAL</b>
	:	<b>ADJUDICATIVE PROCEEDING</b>
UTAH INSURANCE DEPARTMENT	:	<b>AND ORDER</b>
	:	
<b>RESPONDENT:</b>	:	<b>DOCKET NO. <u>2009-128 PC</u></b>
	:	
EASTWOOD TITLE INSURANCE	:	<b>E-CASE NO. 2516</b>
AGENCY, INC.	:	
1145 South 800 East, Ste. 134	:	
Orem, Utah 84097	:	
License No.: 260426	:	
	:	
<b>Attention: Jeff Cardon</b>	:	

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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 2008.

### **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**

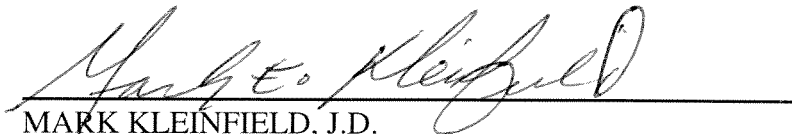
If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative 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 30<sup>th</sup> day of September 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER

A handwritten signature in cursive script, appearing to read "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:

Eastwood Title Insurance Agency, Inc.  
Attn: Jeff Cardon  
1145 South 800 East, Ste. 134  
Orem, UT 84097

DATED this 30<sup>th</sup> 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: 431030  
Payor ID: 16793

EASTWOOD TITLE INSURANCE AGENCY INC  
1145 SOUTH 800 EAST STE 134  
OREM UT 84097

<b>Item Description</b>	<b>Amount</b>
9/30/2009 Monetary Penalty Agency E-Case 2516 Docket # 2009-128 PC	\$1,500.00
<b>Original Amount Due</b>	<u>\$1,500.00</u>

**UTAH  
Invoice - Original**

Invoice Date: September 30, 2009  
Balance Due: \$1,500.00  
Due Date: October 25, 2009  
Invoice ID: 431030  
Payor ID: 16793  
Payor Name: EASTWOOD TITLE  
INSURANCE  
AGENCY INC

Make checks payable to: Utah Insurance Department

Send payment to:

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