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Salt Lake City, UT 84114-0874
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BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:	:	
	:	
UTAH INSURANCE DEPARTMENT	:	NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER
	:	
RESPONDENT:	:	
	:	
DOLORES NORDONE	:	DOCKET No. 2010-128 HL
GERBER LIFE INSURANCE COMPANY	:	
1311 MAMARONECK AVENUE	:	Enf. Case No. 2715
SUITE 350	:	
WHITE PLAINS NEW YORK 10605	:	
UT ID No. 363	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. §§ 31A-2-201 and 63G-4-201 and Utah Admin. Code 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 an insurer authorized to do the business of insurance in the State of Utah holding Utah Identification number 363.
2. Respondent failed to properly file the Refund Calculation and Benchmark Ratio report as required by Utah Admin. Code R590-14(B) and Bulletin 2007-3, which requires an issuer of

Medicare Supplement policies and certificates to annually file the Medicare Supplement Refund Calculation Form and Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies reports electronically via SERFF on or before May 31, 2009.

3. Respondent was required by a 2nd notice letter dated June 17, 2010, to file the Refund Calculation and Benchmark Ratio report electronically via SERFF on or before July 1, 2010.

4. Respondent was required, by Final Notice dated July 13, 2010, to file the Refund Calculation and Benchmark Ratio report electronically via SERFF on or before July 26, 2010.

5. As of the date of this Notice of Informal Adjudicative Proceeding and Order, no response has been received and the time for response and any extensions granted has expired.

6. Respondent was fined 750.00 for failure to respond the previous year for failure to properly file the Annual Medicare Supplement Reports electronically via SERFF on or before May 31, 2009. Docket number 2476. This action was initiated August 5, 2009.

Having entered his Findings of Fact, the Commissioner now enters his:

CONCLUSION OF LAW

1. In failing to submit a timely response to an inquiry from the Commissioner, the Respondent violated Utah Code Annotated 31A-2-202(4).

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

ORDER

IT IS HEREBY ORDERED:

1. Respondent shall pay an administrative forfeiture in the amount of \$1500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall provide a substantive response to the Commissioner's inquiries to be received in the offices of the Utah Insurance Department no later than by the date this Order becomes final.

3. This Order shall become final fifteen (15) days after the date of mailing unless a 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, 160 East 300 South, Fifth Floor, P.O. Box 140874 Salt Lake City, Utah 84114-0874, Telephone Number (801) 366-0375. 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.

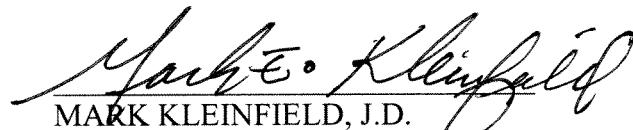
You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$5,000.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose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

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

**Questions regarding this Adjudicative Proceeding should be directed to Brent
Oscarson, at the Utah Insurance Department (801) 538-3195.**

DATED THIS 13th day of AUGUST, 2010.

NEAL GOOCH
INSURANCE COMMISSIONER



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



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

NEAL T. GOOCH
Insurance Commissioner

Insurance Department

June 17, 2010

DOLORES NORDONE
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
SUITE 350
WHITE PLAINS NY 10605

2nd Notice

RE: ELECTRONIC FILING OF MEDICARE SUPPLEMENT REPORTS AS REQUIRED BY UTAH ADMINISTRATIVE CODE RULE (U.A.C.) R590-146-22, R590-146-14(B), AND R50-146-14(C).

Effective July 1, 2007, all filers of forms, rates, and reports are required to submit all filings electronically. Commercial insurance companies were originally notified of this change via Bulletin 2007-3, which was published April 6, 2007 (see <http://www.insurance.utah.gov/docs/bulletins/2007-3.pdf>).

U.A.C. R590-220-11(3) "Annual Medicare Supplement Reports" requires Medicare Supplement carriers to file three Medicare Supplement related reports each year. All three of these reports are due May 31 of each calendar year. During 2008, your company reported \$7,834 in direct earned premium for Medicare Supplement business on the Utah Accident & Health Survey and appears to be a Medicare Supplement carrier operating in Utah.

U.A.C. R590-146-22 "Reporting of Multiple Policies" requires an issuer of Medicare Supplement policies to annually submit a report of multiple policies that the insurer has issued to a single insured. The report should list each insured with multiple policies or stating that no multiple policies were issued.

U.A.C. R590-14(B) "Refund or Credit Calculation" requires all carriers with Medicare supplement benefit plans to file the Medicare Supplement Refund Calculation Form and the Reporting Form for the Calculation of Benchmark Ratio Form.

U.A.C. R590-14(C) "Annual Filing of Premium Rates" requires an issuer of Medicare Supplement policies and certificates to annually file its rates, rating schedule and supporting documentation, including ratios of insured losses to earned premiums by policy duration.


As of the date of this mailing, the Utah Insurance Department does not have record in SERFF of a valid electronic filing of one (or more) of the required Medicare Supplement reports for your company. The due date for filing this report(s) was May 31, 2010. No extensions for filing this report have been granted and the report is past due.

Medicare Supplement Report	Status in SERFF (A date means the report is found in SERFF; otherwise the report is missing and needs to be filed)
Multiple Policies Report	2/26/2010
Annual Filing of Premium Rates Report	5/10/2010
Refund/Benchmark Report	

Utah Code Annotated (U.C.A.) § 31A-2-202 and U.A.C. R590-220-10 authorizes the commissioner to require this information promptly and in writing. You are hereby requested to submit the required Medicare Supplement report(s) as described previously (see above) electronically via SERFF by **no later than July 1, 2010**. Please note that the SERFF filing must be submitted as Filing Type Report and use TOI MS06.

Failure to respond to this request will subject your company to the enforcement penalties under U.C.A. § 31A-2-308. Those penalties include monetary forfeitures and/or other sanctions. If you have any questions regarding this notice, please contact Brent Oscarson via email at boscarson@utah.gov. If your company has filed this report already, please provide the SERFF tracking number with your response.

NEAL T. GOOCH, Commissioner



 TANJI NORTHRUP
 Director, Health Insurance Division



State of Utah

GARY R. HERBERT

Governor

GREG BELL

Lieutenant Governor

NEAL T. GOOCH

Insurance Commissioner

Insurance Department

July 13, 2010

GERBER LIFE INSURANCE COMPANY
DOLORES NORDONE
1311 MAMARONECK AVENUE
SUITE 350
WHITE PLAINS NY 10605

Final Notice

RE: ELECTRONIC FILING OF MEDICARE SUPPLEMENT REPORTS AS REQUIRED BY UTAH ADMINISTRATIVE CODE (U.A.C.) Rule R590-146-22, R590-146-14(B), AND R590-146-14(C).

Effective July 1, 2007, all filers of forms, rates, and reports are required to submit all filings electronically. Commercial insurance companies were originally notified of this change via Bulletin 2007-3, which was published April 6, 2007 (see <http://www.insurance.utah.gov/docs/bulletins/2007-3.pdf>).

U.A.C. Rule R590-220-11(c) "Annual Medicare Supplement Reports" requires Medicare Supplement carriers to file three Medicare Supplement related reports each year. All three of these reports are due May 31 of each calendar year. During 2008, your company reported «MED_SUPP_EARN_PREM» in direct earned premium for Medicare Supplement business on the Utah Accident & Health Survey and appears to be a Medicare Supplement carrier operating in Utah.

U.A.C. R590-146-22 "Reporting of Multiple Policies" requires an issuer of Medicare Supplement policies to annually submit a report of multiple policies that the insurer has issued to a single insured. The report should list each insured with multiple policies or stating that no multiple policies were issued.

U.A.C. R590-146-14(B) "Refund or Credit Calculation" requires all carriers with Medicare supplement benefit plans to file the Medicare Supplement Refund Calculation Form and the Reporting Form for the Calculation of Benchmark Ratio Form.

U.A.C. R590-146-14(C) "Annual Filing of Premium Rates" requires an issuer of Medicare Supplement policies and certificates to annually file its rates, rating schedule and supporting documentation, including ratios of insured losses to earned premiums by policy duration.

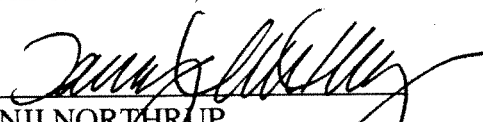
As of the date of this mailing, the Utah Insurance Department does not have record in SERFF of a valid electronic filing of one (or more) of the required Medicare Supplement reports for your company. The due date for filing this report(s) was May 31, 2010. No extensions for filing this report have been granted and the report is past due.

Medicare Supplement Report	Status in SERFF (A date means the report is found in SERFF; otherwise the report is missing and needs to be filed)
Refund/Benchmark Report	
Annual Filing of Premium Rates Report	10MAY10
Multiple Policies Report	26FEB10

Utah Code Annotated (U.C.A.) § 31A-2-202 and U.A.C. Rule R590-220-10 authorizes the commissioner to require this information promptly and in writing. You are hereby requested to submit the required Medicare Supplement report(s) as described previously (see above) electronically via SERFF by **no later than July 26, 2010**. Please note that the SERFF filing must be submitted as Filing Type Report and use TOI MS06.

Failure to respond to this request will subject your company to the enforcement penalties under U.C.A. § 31A-2-308. Those penalties include monetary forfeitures and/or other sanctions. If you have any questions regarding this notice, please contact Brent Oscarson via email at boscarson@utah.gov. If your company has filed this report already, please provide the SERFF tracking number with your response.

NEAL T. GOOCH, Commissioner



TANJI NORTHRUP
Director, Health Insurance Division

**UTAH
Invoice - Original**

Printed Date: August 12, 2010
Invoice Date: August 12, 2010
Balance Due: \$1,500.00
Due Date: September 06, 2010
Invoice ID: 472181
NAIC ID: 70939
Payor ID: 363

DOLORES NORDONE
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE SUITE 350
WHITE PLAINS NY 10605

Item Description	Amount
8/12/2010 Monetary Penalty Company Docket 2715 Docket 2010-128 HL	\$1,500.00
	<hr/> Original Amount Due
	\$1,500.00
Payments Received	<hr/> Balance Due

**UTAH
Invoice - Original**

Invoice Date: August 12, 2010
Balance Due: \$1,500.00
Due Date: September 06, 2010
Invoice ID: 472181
Payor ID: 363
Payor Name: GERBER LIFE
INSURANCE
COMPANY

Make checks payable to: Utah Insurance Department

Send payment to:

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

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:

DOLORES NORDONE
GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE
SUITE 350
WHITE PLAINS NEW YORK 10605

DATED this 12th day of August 2010



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

**UTAH
Invoice**

Printed Date: September 08, 2010

Invoice Date: August 12, 2010
Balance Due: \$1,500.00
Due Date: September 06, 2010
Invoice ID: 472181

GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVENUE SUITE 350
WHITE PLAINS NY 10605

RECEIVED
SEP 27 2010
UTAH STATE
INSURANCE DEPT.

Item Description

Monetary Penalty Company

Amount

\$1,500.00

Original Amount Due \$1,500.00

Payments Received

Balance Due

**UTAH
Invoice**

Printed Date: September 08, 2010

Invoice Date: August 12, 2010
Balance Due: \$1,500.00
Due Date: September 06, 2010
Invoice ID: 472181

Make checks payable to: Utah Insurance Department

Send payment to:

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

Detach and Return with Payment