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

COMPLAINANT:	:	NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER
UTAH INSURANCE DEPARTMENT	:	
RESPONDENT:	:	
SELECTHEALTH, INC.	:	DOCKET No. <u>2011-084 HL</u>
5381 GREEN STREET	:	
MURRAY, UT 84123	:	
	:	Enf. Case No. <u>2882</u>
Utah Company Id. No.: 1544	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated §§ 31A-2-201 and 63G-4-201 and Utah Administrative Code 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 an insurer domiciled in the State of Utah and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 1544.
2. Respondent is a small employer carrier as defined in Utah Code Annotated § 31A-30-103 and is a participant in the Utah Comprehensive Health Insurance Pool.

3. Pursuant to Utah Code Annotated § 31A-29-117(2), Respondent is required to file by February 1st of each year a Report of its small employer index premium rates and the average percentage change in the index premium rate as of January 1st of that year.

4. Respondent failed to file the report referred to above on or before February 1, 2011.

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

CONCLUSION OF LAW

1. In failing to timely file its small employer index premium rate and average percentage change in the index premium rates by February 1, 2011, Respondent violated Utah Code Annotated § 31A-29-117(2).

2. Pursuant to Utah Code Annotated § 31A-2-308, the commissioner may impose an administrative forfeiture on an insurer of up to \$5,000.00 for each violation of the Utah Insurance Code.

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. 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

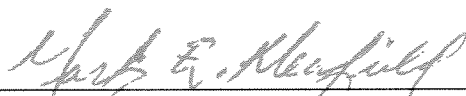
If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, 160 East 300 South, Fifth Floor, P.O. Box 140874, Salt Lake City, Utah 84114-0874, Telephone Number (801) 366-0375. Failure to request a hearing will be considered a failure 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 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.

DATED THIS _____ day of MAY 17 2011, 2011.

NEAL T. 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

CERTIFICATE OF MAILING

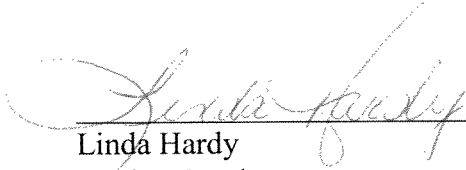
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

Selecthealth, Inc.
Attn: Jim Murray
5381 Green Street
Murray, UT 84123

DATED this 17th day of May, 2011



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

UTAH
Invoice - Original

Printed Date: May 17, 2011
Invoice Date: May 17, 2011
Balance Due: \$1,500.00
Due Date: June 21, 2011
Invoice ID: 511851
NAIC ID: 95153
Payor ID: 1544

JIM MURRAY
SELECTHEALTH INC
5381 GREEN STREET
MURRAY UT 84123

Item Description	Amount
5/17/2011 Monetary Penalty Company E-Case 2882 Docket # 2011-084 HL	\$1,500.00
	<hr/>
Original Amount Due	\$1,500.00
	<hr/>
Payments Received	Balance Due

UTAH
Invoice - Original

Invoice Date: May 17, 2011
Balance Due: \$1,500.00
Due Date: June 21, 2011
Invoice ID: 511851
Payor ID: 1544
Payor Name: SELECTHEALTH INC

Make checks payable to: Utah Insurance Department

Send payment to:

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