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

**COMPLAINANT:**

UTAH INSURANCE DEPARTMENT

**RESPONDENT:**

MEDICAL SAVINGS INSURANCE COMPANY

P.O. Box 68961  
 Indianapolis, IN 46268-0961  
 Utah Org. Id. No. 900

:  
 : **NOTICE OF INFORMAL**  
 : **ADJUDICATIVE PROCEEDING**  
 : **AND ORDER**  
 :  
 : **REVOCATION OF CERTIFICATE**  
 : **OF AUTHORITY**  
 :  
 : **DOCKET No. 2009-087 HL**  
 :  
 : **Enf. Case No. 2404**  
 :

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.), Sections 31A-2-201 and 63G-4-201 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. The Respondent is an insurer domiciled in the State of Indiana and authorized to do business in the State of Utah, Utah Organization Identification No. 900.
2. Respondent was placed in liquidation in its state of domicile on February 26, 2009.

3. Respondent has failed to file its 2008 annual statement with the State of Utah when due.
4. Respondent is not actively doing an insurance business in the State of Utah.

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

**CONCLUSIONS OF LAW**

1. Grounds exist for delinquency proceedings under Chapter 27 of the Utah Insurance Code if Respondent were a domestic insurer.
2. Respondent's Certificate of Authority should be revoked pursuant to U.C.A. § 31A-14-217.

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

**ORDER**

**IT IS HEREBY ORDERED:**

1. Respondent's Certificate of Authority in the State of Utah is as of the date this Order becomes final forthwith.
2. Respondent is still subject to regulation by the Utah Department of Insurance until a release of regulation is obtained pursuant to the requirements of the Utah Insurance Code.
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, Enforcement Counsel, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3872. Failure to request a hearing or to seek agency review will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal on this matter.

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

DATED THIS 1<sup>st</sup> day of July, 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.  
Administrative Law Judge  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

CERTIFICATE OF MAILING

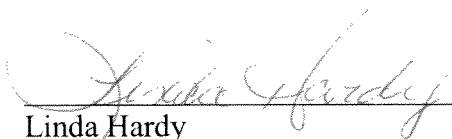
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL  
ADJUDICATIVE PROCEEDING AND  
ORDER

To the following:

Medical Savings Insurance Company  
P.O. Box 68961  
Indianapolis, IN 46268

DATED this 1<sup>st</sup> day of July, 2009.

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