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Salt Lake City, UT 84114  
Telephone (801) 538-3872

## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

**COMPLAINANT:** : **NOTICE OF INFORMAL  
ADJUDICATIVE PROCEEDING  
AND ORDER**

UTAH INSURANCE DEPARTMENT :  
:

**RESPONDENT:** :

CASCADE TITLE INSURANCE AGENCY, INC: :

P.O. Box 888 :  
Provo, Utah 84603 :

90 North 100 East :  
Provo, Utah 84601 :  
License No. 259794 :

**Attention: Rodney W. Rivers** :

**DOCKET No.** 2009-125 PC

**E-CASE No. 2502**

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The Utah Insurance Department has commenced this informal adjudicative proceeding to Utah Code Annotated § 31A-2-101 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 a licensed title insurance agency in the State of Utah.
2. Respondent failed to file an Annual Report and a Controlled Business Report for the calendar year 2008 with the Commissioner by the thirtieth day of April 2009.

## **CONCLUSION OF LAW**

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

## **ORDER**

### **IT IS HEREBY ORDERED:**

1. Respondent shall pay an administrative forfeiture in the amount of \$1,000.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall properly file the documents herein found not to be properly filed, to be received in the offices of the Utah Insurance Department no later than ten (10) days after this Order becomes final.

5. 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, State Office Building, Room 3110, P.O. Box 146901, Salt Lake City, Utah 84114-6901, 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 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 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

  
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:

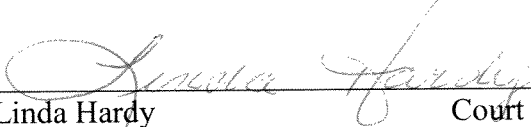
NOTICE OF INFORMAL  
ADJUDICATIVE PROCEEDING  
AND ORDER

To the following:

Cascade Title Insurance Agency, Inc.  
Attn: Rodney W. Rivers  
P.O. Box 888  
Provo, UT 84603

Cascade Title Insurance Agency, Inc.  
Attn: Rodney W. Rivers  
90 North 100 East  
Provo, UT 84601

DATED this 30<sup>th</sup> day of September, 2009.

  
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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: \$1,000.00  
Due Date: October 25, 2009  
Invoice ID: 431027  
Payor ID: 16703

CASCADE TITLE INSURANCE AGENCY INC  
PO BOX 888  
PROVO UT 84603

<b>Item Description</b>	<b>Amount</b>
9/30/2009 Monetary Penalty Agency	\$1,000.00
E-Case 2502 Docket 2009-125 PC	
<b>Original Amount Due</b>	<b>\$1,000.00</b>

**UTAH  
Invoice - Original**

Invoice Date: September 30, 2009  
Balance Due: \$1,000.00  
Due Date: October 25, 2009  
Invoice ID: 431027  
Payor ID: 16703  
Payor Name: CASCADE 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