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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:	:	
	:	
EXPRESS TITLE INSURANCE AGENCY, INC.	:	DOCKET No. <u>2010-043 PC</u>
PO Box 906	:	
Duchesne, Utah 84021-0906	:	Enforcement Case No. <u>2850</u>
Attn: Deron D. Wilkerson	:	
	:	
License No. 90984	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. §§ 31A-2-101 and 63-46b-3 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 a licensed title insurance agency in the State of Utah.
2. Respondent failed to pay the title insurance assessment due by December 30, 2010.
3. 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.

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

CONCLUSION OF LAW

1. In failing to pay an assessment when due, Respondent violated Utah Code Ann. §31A-23a-415 and Utah Administrative Code R592-9 and R592-10.

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 \$750.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall pay all outstanding title assessments herein found not to be paid, to be received in the offices of the Utah Insurance Department no later than 10 (ten) days after 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, (PO 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 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.

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 or by email to tgreening@utah.gov.

DATED THIS _____ day of APR 25 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

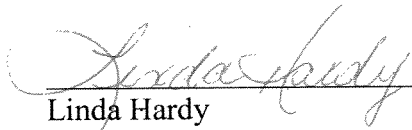
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

Express Insurance Agency, Inc.
Attn: Deron D. Wilkerson
P.O. Box 906
Duchesne, UT 84021-0906

DATED this 26th day of April, 2011



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

**UTAH
Invoice**

Printed Date: April 20, 2011

Invoice Date: November 11, 2010
Balance Due: \$325.00
Due Date: December 30, 2010
Invoice ID: 483814

EXPRESS TITLE INSURANCE AGENCY INC
PO BOX 906
DUSHESNE UT 84021-0906

Item Description	Amount
Title Ins Recovery Assessment Agency	\$125.00
Title Insurance Assessment	\$200.00
Original Amount Due	<u>\$325.00</u>
Payments Received	
	<u>Balance Due</u>

**UTAH
Invoice**

Printed Date: April 20, 2011

Invoice Date: November 11, 2010
Balance Due: \$325.00
Due Date: December 30, 2010
Invoice ID: 483814

Make checks payable to: Utah Insurance Department

Send payment to:

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

**UTAH
Invoice**

Printed Date: April 26, 2011

Invoice Date: April 25, 2011
Balance Due: \$750.00
Due Date: May 30, 2011
Invoice ID: 507852

EXPRESS TITLE INSURANCE AGENCY INC
PO BOX 906
DUSHESNE UT 84021-0906

Item Description	Amount
Monetary Penalty Agency	\$750.00
Original Amount Due	\$750.00
Payments Received	Balance Due

E-Case \$750

**UTAH
Invoice**

Printed Date: April 26, 2011

Invoice Date: April 25, 2011
Balance Due: \$750.00
Due Date: May 30, 2011
Invoice ID: 507852

Make checks payable to: Utah Insurance Department

Send payment to:

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