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

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

STANDARD LIFE & ACCIDENT INSURANCE
COMPANY
ATTN: GREG GRIFFITH
ONE MOODY PLAZA
GALVESTON, TX 77550

UT ID No. 709

**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

Docket No. 2011-103 HL

Enf. Case No. 2915

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 domiciled in the State of Texas and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 709.

2. Respondent failed to properly file the annual Actuarial Certification Report electronically via SERFF on or before April 1, 2011, as required by Utah Code Ann. § 31A-29-117, Utah Admin. Code R590-220-10, and Bulletin 2007-3.

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 timely file its annual Actuarial Certification Report, the Respondent violated Utah Code Annotated 31A-29-117 and Utah Administrative Code 590-220-10.

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

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed 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 file its annual Actuarial Certification Report to be received in the offices of the Utah Insurance Department no later than 10 days after 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

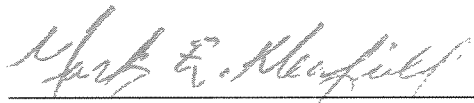
If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, 160 East 300 South, Fifth Floor P.O. Box 140874, Salt Lake City, Utah 84114-0874, Telephone Number (801) 366-0375. Failure to request a hearing will be considered a failure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

STANDARD LIFE & ACCIDENT INSURANCE
COMPANY
ATTN: GREG GRIFFITH
ONE MOODY PLAZA
GALVESTON, TX 77550

DATED this 15th day of June, 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: June 15, 2011
Invoice Date: June 15, 2011
Balance Due: \$1,500.00
Due Date: July 11, 2011
Invoice ID: 512298
NAIC ID: 86355
Payor ID: 709

GREG GRIFFITH
STANDARD LIFE ACCIDENT INSURANCE COMPANY
ONE MOODY PLAZA
GALVESTON TX 77550

| Item Description | Amount |
|--|--------------------------|
| 6/15/2011 Monetary Penalty Company E-Case 2915 Docket # 2011-103 HL | \$1,500.00 |
| Original Amount Due | <hr/> \$1,500.00 |
| Payments Received | |
| | <hr/> Balance Due |

UTAH
Invoice - Original

Invoice Date: June 15, 2011
Balance Due: \$1,500.00
Due Date: July 11, 2011
Invoice ID: 512298
Payor ID: 709
Payor Name: STANDARD LIFE &
ACCIDENT
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