M. GALE LEMMON #4363 Assistant Attorney General MARK L. SHURTLEFF #4666 Attorney General Attorneys for Utah Insurance Department 160 East 300 South, Fifth Floor P.O. Box 140874 Salt Lake City, UT 84114-0874 Telephone (801) 366-0375

# BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

TRANSPORT INSURANCE COMPANY
101 Summer St.
Boston, MA 02110
Utah Co. Id. No. 977

: NOTICE OF INFORMAL: ADJUDICATIVE PROCEEDING: AND ORDER

: SUSPENSION OF CERTIFICATE : OF AUTHORITY

Docket No. 2012-013 EX

Enf. Case No. <u>3001</u>

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. The Respondent is an insurer domesticated in the State of Ohio, holding a certificate of authority to do an insurance business in the State of Utah, Utah Company Identification No. 977.

- 2. As of December 31, 2010, Respondents total adjusted risk-based capital \$14,933,309, and to meet its risk-based capital requirements that amount needs to be \$26,204,278.
  - 3. Respondent is in hazardous financial condition.

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

# **CONCLUSIONS OF LAW**

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

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

# **ORDER**

#### IT IS HEREBY ORDERED:

1. Respondent's Utah Certificate of Authority is suspended as of the date this Order becomes final. During the period of suspension of Respondent's Certificate of Authority, Respondent may service existing policies insuring Utah residents or covering risks in the State of Utah. However, Respondent shall not renew existing policies, or solicit, market, sell or place new policies of insurance in the State of Utah.

- 2. Respondent remains under the jurisdiction of the Utah Insurance Commissioner until released from regulation pursuant to the requirements of the Utah Insurance Code.
- 3. During the period of suspension of Respondent's Certificate of Authority, Respondent shall continue to file its Annual Statement and renewal of its Certificate of Authority.
- 4. 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 or 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 _	JAN	2	6	2012	, 2012.

NEAL T. GOOCH INSURANCE COMMISSIONER

Hart E. Klenfulf

MARK E. KLEINFIELD, Esq. Administrative Law Judge Utah Insurance Department State Office Building, Room 3110

Salt Lake City, UT 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

# SUSPENSION OF CERTIFICATE OF AUTHORITY

To the following:

Transport Insurance Company Compliance 101 Summer Street Boston, MA 02110

DATED this 27 <sup>Th</sup> day of January, 2012

Linda Hardy

Market Conduct

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