

M. GALE LEMMON #4363 *MSL*
Assistant Attorney General
MARK L. SHURTLEFF #4666
Attorney General
Attorneys for Utah Insurance Department
160 East 300 South, Fifth Floor
P.O. Box 14974
Salt Lake City, UT 84114-0874
Telephone (801) 366-0375

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

| | | |
|--------------------------------------|---|---|
| COMPLAINANT: | : | NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER |
| UTAH INSURANCE DEPARTMENT | : | |
| RESPONDENT: | : | |
| SENTRY INSURANCE A MUTUAL COMPANY : | : | Docket No.: 2011-190 HL |
| ATTN JANICE CARNEY : | : | |
| 1800 NORTHPOINT DR : | : | Enf. Case No.: 3008 |
| STEVENS POINT WISCONSIN 54481-1253 : | : | |
| | : | |
| | : | |
| Utah Company Id. No.: 48 | : | |

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. Respondent is an insurer domiciled in the State of WISCONSIN and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 48.

2. Respondent is an insurer that markets Long Term Care Insurance Policies and was required, under Utah Administrative Code Rule R590-148-25, to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30th, of each year.

3. Respondent failed to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30, 2011, and said reports have not been filed as of the date of this Order.

4. Respondent failed to file their 2009, Long Term Care Reports by the due date of June 30, 2010. Respondent failed to file their 2008, Long Term Care Reports by the due date of June 30, 2009. Respondent failed to file their 2006, Long Term Care Reports by the due date of June 30, 2007. The fact that the Respondent has had 4 years of late reporting has resulted in an increase in the monetary forfeiture.

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

CONCLUSION OF LAW

1. In failing to electronically file its Long Term Care Reports on or before June 30, 2011, Respondent violated Utah Admin. Code Rule R590-148-25.

2. Pursuant to Utah Code Annotated § 31A-2-308, the commissioner may impose an administrative forfeiture on an insurer of up to \$5,000.00 for each violation of the Utah Insurance Code.

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 \$6000.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall file the reports not properly filed within 10 day 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.

DATED THIS _____ day of SEP 20 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

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.

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:

Sentry Insurance A Mutual Company
Attn: Janice Carney
1800 Northpoint Dr.
Stevens Point, WI 54481-1253

DATED this 22nd day of September, 2011



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

**UTAH
Invoice**

Printed Date: September 22, 2011

Invoice Date: September 22, 2011
Balance Due: \$6,000.00
Due Date: October 17, 2011
Invoice ID: 530462

SENTRY INSURANCE A MUTUAL COMPANY
1800 NORTHPOINT DR
STEVENS POINT WI 54481-1253

| Item Description | Amount |
|----------------------------|---------------------------|
| Monetary Penalty Company | \$6,000.00 |
| Original Amount Due | <u>\$6,000.00</u> |
| Payments Received | |
| | <u>Balance Due</u> |

**UTAH
Invoice**

Printed Date: September 22, 2011

Invoice Date: September 22, 2011
Balance Due: \$6,000.00
Due Date: October 17, 2011
Invoice ID: 530462

Make checks payable to: Utah Insurance Department

Send payment to:

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