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

IN THE MATTER OF:

INSTIL HEALTH INSURANCE COMPANY
P.O. Box 100294
Columbia, SC 29202-3294
Utah Org. Id. No. 13847

:
: **ORDER RELEASING FROM**
: **REGULATION**
:
: **Docket No.** 2011-260 EX
:
: **Enf. Case No.** 3020
:

FINDINGS OF FACT

1. InStil Health Insurance Company is an insurer domiciled in the State of South Carolina and authorized to do business in the State of Utah, Utah Organization Identification Number 13847.
2. InStil Health Insurance Company has applied to withdraw from the State of Utah and for a Release from Regulation by letter dated September 7, 2011.
3. With its request, InStil Health Insurance Company filed its Certificate of Authority with the Utah Insurance Commissioner.

4 InStil Health Insurance Company has ceased doing any new business in the State of Utah.

5. InStil Health Insurance Company currently has no policyholders in the State of Utah and all Utah obligations of InStil Health Insurance Company have been fully satisfied.

6. InStil Health Insurance Company has met all other requirements for release from regulation in the State of Utah and the release of InStil Health Insurance Company from regulation will not otherwise be prejudicial to the interests of insureds or creditors in Utah.

Based upon the above Findings of Fact, the Commissioner now enters the following:

CONCLUSIONS OF LAW

1 InStil Health Insurance Company has met all requirements for Release from Regulation pursuant to Utah Code Annotated § 31A-14-216, and an Order of Release from Regulation should, therefore, issue.

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

ORDER

IT IS HEREBY ORDERED:

1. The surrender of the Certificate of Authority of InStil Health Insurance Company is hereby accepted and InStil Health Insurance Company is hereby released from regulation in the

State of Utah as of the date of this Order.

DATED this _____ day of DEC 28 2011, 2011.

NEAL T. GOOCH
INSURANCE COMMISSIONER



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