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BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

METLIFE INSURANCE COMPANY OF
CONNECTICUT
18210 CRANE NEST DRIVE
TAMPA FLORIDA 33647

Utah Company Id. No.: 747

**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

Docket No. 2011-245 HL

Enf. Case No. 3052

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 CONNECTICUT and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 747_.
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 30 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, but subsequently has filed the required reports.

4. Respondent failed to file their 2007, Long Term Care Reports by the due date of June 30, 2008. The fact that the Respondent has had 1 year 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 Insurance 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 \$3000.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. 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 17th day of November, 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

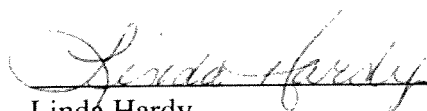
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

METLIFE INSURANCE COMPANY OF CONNECTICUT
ATTN: BRENDA L. DESROSIERS
P.O. BOX 990026
LEGAL DEPT. 18CP
HARTFORD, CT 06119-0026

DATED this 21st day of November, 2011



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

**UTAH
Invoice**

Printed Date: November 21, 2011

Invoice Date: November 17, 2011
Balance Due: \$3,000.00
Due Date: December 12, 2011
Invoice ID: 534365

METLIFE INSURANCE COMPANY OF CONNECTICUT
PO BOX 990026
LEGAL DEPT 18CP
HARTFORD CT 06199-0026

Item Description	Amount
Monetary Penalty Company	\$3,000.00
Original Amount Due	<u>\$3,000.00</u>
Payments Received	
	<u>Balance Due</u>

**UTAH
Invoice**

Printed Date: November 21, 2011

Invoice Date: November 08, 2011
Balance Due: \$3,000.00
Due Date: December 03, 2011
Invoice ID: 534365

Make checks payable to: Utah Insurance Department

Send payment to:

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