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

COMPLAINANT:	:	NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER
UTAH INSURANCE DEPARTMENT	:	
RESPONDENT:	:	Failure to Respond
DENTAL SELECT BENEFITS GROUP	:	Docket No. <u>2012-087 LF</u>
ATTN: SYLVIA M. DELGADO	:	
5373 GREEN ST STE 400	:	Enf. Case No. 3158
SALT LAKE CITY UTAH 84123	:	
License No. 5714	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.) §§ 31A-2-101 and 63G-4-201 and Utah Administrative Code (U.A.C.) 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 a resident third party administrator authorized to do the business of insurance in the State of Utah holding License number 5714.
2. Respondent failed to properly respond to an inquiry of the Commissioner dated February 16, 2012. Correspondence was addressed to the Respondent's mailing address of: 5373 Green St. Ste. 400, Salt Lake City, Utah 84123-4740

3. Thereafter, Respondent was required, by letter dated April 6, 2012, and emailed to the Respondent's email address of sylviad@dentalselect.com to provide a substantive response to the Commissioner's initial inquiry on or before April 16, 2012.

4. 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 submit a timely response to an inquiry from the Commissioner, the Respondent violated U.C.A. Subsection 31A-2-202(4).

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

ORDER

IT IS HEREBY ORDERED:

1. Respondent shall pay an administrative forfeiture in the amount of \$500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall provide a substantive response to the Commissioner's inquiries to be received in the offices of the Utah Insurance Department no later than ten (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.

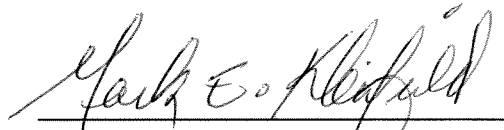
You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court which may impose 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.

Questions regarding this Adjudicative Proceeding should be directed to Troy E. Stover at the Utah Insurance Department (801) 537-9073.

DATED THIS 15th day of May, 2012.

Neal T. Gooch
INSURANCE COMMISSIONER



MARK KLEINFIELED, 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

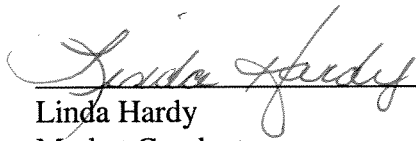
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

DENTAL SELECT BENEFITS GROUP
ATTN: SYLVIA M. DELGADO
5373 GREEN ST STE 400
SALT LAKE CITY UTAH 84123

DATED this 15th day of May, 2012



Linda Hardy
Market Conduct

**UTAH
Invoice**

Printed Date: May 15, 2012

Invoice Date: May 15, 2012
Balance Due: \$500.00
Due Date: June 08, 2012
Invoice ID: 579071

DENTAL SELECT BENEFITS GROUP
5373 GREEN ST STE 400
SALT LAKE CITY UT 84123-4740

Item Description	Amount
Monetary Penalty Agency	\$500.00
	<hr/>
Original Amount Due	\$500.00
Payments Received	
	<hr/>
	Balance Due

**UTAH
Invoice**

Printed Date: May 15, 2012

Invoice Date: May 15, 2012
Balance Due: \$500.00
Due Date: June 08, 2012
Invoice ID: 579071

Make checks payable to: Utah Insurance Department

Send payment to:

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