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MSJ

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

COMPLAINANT:	:	NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER
UTAH INSURANCE DEPARTMENT	:	
RESPONDENT:	:	
NEW YORK LIFE INSURANCE COMPANY	:	Docket No. 3197
ATTN: RICHARD LEVY	:	
51 MADISON AVE RM 1103	:	Enf. Case No. 2012-120 HL
NEW YORK, NEW YORK 10010	:	
Utah Company Id. No.: 559	:	

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 New York and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 559.
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, 2012, and said reports have not been filed as of the date of this Order.

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, 2012, 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:

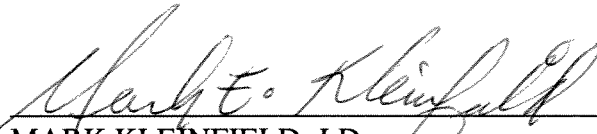
1. Respondent is assessed an administrative forfeiture in the amount of \$3000.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. 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 7th day of August, 2012.

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

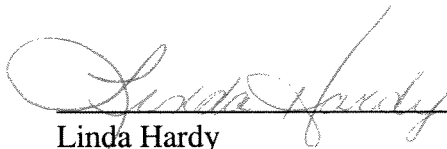
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

New York Life Insurance Company
Attn: Richard Levy
51 Madison Ave. Rm. 1103
New York, NY 10010

DATED this 7th day of August 2012



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

UTAH
Invoice - Original

Printed Date: August 07, 2012
Invoice Date: August 07, 2012
Balance Due: \$3,000.00
Due Date: September 01, 2012
Invoice ID: 594661
NAIC ID: 66915
Payor ID: 559

RICHARD LEVY
NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVE RM 1103
NEW YORK NY 10010

Item Description	Amount
8/7/2012 Monetary Penalty Company E-Case 3197 Docket 2012-120 HL	\$3,000.00
Original Amount Due	<hr/> \$3,000.00
Payments Received	
	<hr/> Balance Due

UTAH
Invoice - Original

Invoice Date: August 07, 2012
Balance Due: \$3,000.00
Due Date: September 01, 2012
Invoice ID: 594661
Payor ID: 559
Payor Name: NEW YORK LIFE
INSURANCE
COMPANY

Make checks payable to: Utah Insurance Department

Send payment to:

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

New York Life Insurance Company
Attn: Richard Levy
51 Madison Ave. Rm. 1103
New York, NY 10010