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

COMPLAINANT:	:	NOTICE OF INFORMAL
	:	ADJUDICATIVE PROCEEDING
UTAH INSURANCE DEPARTMENT	:	AND ORDER
	:	
RESPONDENT:	:	REVOCAION OF CERTIFICATE
	:	OF AUTHORITY
UNIVERSAL HEALTH CARE INSURANCE	:	
COMPANY, INC.	:	
100 Central Ave. N., Suite 200	:	DOCKET No. <u>2013-032EX</u>
St. Petersburg, Pinellas, Florida 33701	:	
Utah Org. Id. No. 15300	:	Enf. Case No. <u>3279</u>
	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.), Sections 31A-2-201 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. The Respondent is an insurer domiciled in the State of Florida and authorized to do business in the State of Utah, Utah Organization Identification No. 15300.
2. In an Order dated March 22, 2013, Respondent was placed in immediate rehabilitation and ordered liquidated effective April 1, 2013, by the Second Judicial Circuit Court

in Florida.

3. Respondent is insolvent as of the date of this Order.

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

CONCLUSIONS OF LAW

1. Grounds exist for delinquency proceedings under Chapter 27a of the Utah Insurance Code if Respondent were a domestic insurer.
2. Respondent's Certificate of Authority should be revoked pursuant to U.C.A. § 31A-14-217.

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

ORDER

IT IS HEREBY ORDERED:

1. Respondent's Certificate of Authority in the State of Utah is revoked as of the date this Order becomes final.
2. Respondent shall immediately cease marketing, issuing or renewing any insurance policy, contract or product in the State of Utah, or receiving any premium from insureds in the State of Utah.
3. Respondent shall continue to pay all claims for insurance policies, products or contracts covering Utah residents as they become due.
4. Respondent is still subject to regulation by the Utah Department of Insurance until a release of regulation is obtained pursuant to the requirements of the Utah Insurance Code.

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 on this matter.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED THIS 27th day of March, 2013.

TODD E. KISER
INSURANCE COMMISSIONER



MARK E. KLEINFELD, Esq.
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATION OF MAILING, EMAILING AND FAXING

The undersigned hereby certifies that in this 27th day of March, 2013, a true and correct copy of this Notice of Agency Action and Complaint were mailed and faxed, postage pre-paid, to the following:

UNIVERSAL HEALTH CARE INSURANCE COMPANY
100 CENTRAL AVENUE N
STE 200
ST PETERSBURG, PINELLAS, FL 33701

NPATEL@UNIVHC.COM

FAX # 727-929-1904

A handwritten signature in cursive script that reads "Suzanne Davis Green-Wright". The signature is written in black ink and is positioned on the right side of the page.

Transmission Report

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct