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

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

**AMERICAN FAMILY LIFE ASSURANCE
COMPANY OF COLUMBUS**

Attn: Linda G. Dean
1932 Wynnton Road
Tax, Tower 2
Columbus, Georgia 31999-9035

Utah Company Id. No.: 123

**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

Docket No. 2013-091 HL

Enf. Case No. 3343

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 Nebraska and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 123.

2. Respondent is an insurer that markets Medicare Supplement Policies and was required, under Utah Administrative Code Rule R590-146 and Bulletin 2007-3, to electronically file its Annual Filing of Premium Rates, its Refund Calculation and Benchmark Ratio, and its Report of Multiple Policies before May 31st of each year.

3. Respondent failed to electronically file its Annual Filing of Premium Rates, its Refund Calculation and Benchmark Ratio, and its Report of Multiple Policies on or before May 31, 2013, 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 Annual Filing of Premium Rates on or before May 31, 2013, Respondent violated Utah Admin. Code Rule R590-146-14(C).

2. In failing to electronically file its Refund Calculation and Benchmark Ratio on or before May 31, 2013, Respondent violated Utah Admin. Code Rule R590-146-14(B).

3. In failing to electronically file its Report of Multiple Policies on or before May 31, 2013, Respondent violated Utah Admin. Code Rule R590-146-22.

4. 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 \$1500.00. 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 _____ day of JUL 10 2013, 2013.

TODD E. KISER
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:

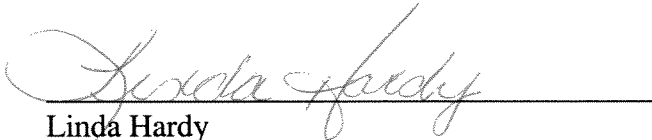
**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

To the following:

**AMERICAN FAMILY LIFE ASSURANCE
COMPANY OF COLUMBUS**

Attn: Linda G. Dean
1932 Waynnton Road
Tax, Tower 2
Columbus, GA 31999-9035

DATED this 18th July, 2013

A handwritten signature in cursive script, reading "Linda Hardy", is written over a horizontal line.

Linda Hardy
Market Conduct
Utah Department of Insurance
801-538-3860
lhardy@utah.gov

UTAH
Invoice - Original

Printed Date: July 18, 2013
Invoice Date: July 18, 2013
Balance Due: \$1,500.00
Due Date: August 15, 2013
Invoice ID: 646351
NAIC ID: 60380
Payor ID: 123

LINDA G DEAN
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
1932 WYNNNTON ROAD
TAX TOWER 2
COLUMBUS GA 31999-9035

Item Description

Amount

7/18/2013	Monetary Penalty Company	\$1,500.00
	E-Case 3334 Docket 2013-091 HL	

Original Amount Due \$1,500.00

Payments Received

Balance Due

UTAH
Invoice - Original

Invoice Date: July 18, 2013
Balance Due: \$1,500.00
Due Date: August 15, 2013
Invoice ID: 646351
Payor ID: 123
Payor Name: AMERICAN FAMILY
LIFE ASSURANCE
COMPANY OF
COLUMBUS

Make checks payable to: Utah Insurance Department

Send payment to:

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