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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:	:	
RIGHT ANSWER INS AGENCY LLC	:	Docket No. 2013-121 PC
PO Box 261220	:	Enf. Case No. 3374
Encino, CA 91426	:	
License No. 398553	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. §§ 31A-2-201 and 63G-4-201 and Utah Admin. Code 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 insurance agent authorized to do the business of insurance in the State of Utah holding License number 398553.
2. Respondent failed to properly respond to an inquiry of the Commissioner dated August 1, 2013.

3. Thereafter, Respondent was required, by certified letter dated August 13, 2013, to provide a substantive response to the Commissioner's initial inquiry on or before August 23, 2013.

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 Utah Code Ann. § 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 is assessed an administrative forfeiture in the amount of \$250.00. 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

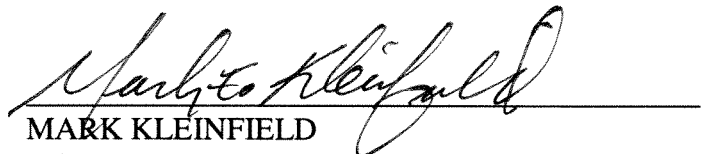
If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, 160 East 300 South, Fifth Floor, P.O. Box 140874, Salt Lake City, Utah 84114-0874, Telephone Number (801) 366-0375. Failure to request a hearing will be considered a failure 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.

DATED THIS 10th day of September, 2013.

TODD E. KISER
INSURANCE COMMISSIONER



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

CERTIFICATE OF MAILING

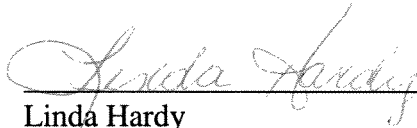
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER

To the following:

RIGHT ANSWER INS. AGENCY LLC
P.O. Box 261220
Encino, CA 91426

DATED this 10th September, 2013



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

UTAH
Invoice - Original

Printed Date: September 10, 2013
Invoice Date: September 10, 2013
Balance Due: \$250.00
Due Date: October 05, 2013
Invoice ID: 652476
Payor ID: 168094

RIGHT ANSWER INS AGENCY LLC
PO BOX 261220
ENCINO CA 91426

Item Description	Amount
9/10/2013 Monetary Penalty Agency E-Case 3374 Docket # 2013-121 PC	\$250.00
Original Amount Due	<hr/> \$250.00
Payments Received	
	<hr/> Balance Due

UTAH
Invoice - Original

Invoice Date: September 10, 2013
Balance Due: \$250.00
Due Date: October 05, 2013
Invoice ID: 652476
Payor ID: 168094
Payor Name: RIGHT ANSWER INS
AGENCY LLC

Make checks payable to: Utah Insurance Department

Send payment to:

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