

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
(801)538-3800

**BEFORE THE INSURANCE COMMISSIONER
STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT
COMPLAINANT**

vs.

**HEALTH CARE SERVICE CORPORATION,
A MUTUAL LEGAL RE
ATT: DEBORAH DORMAN-RODRIGUEZ
& BRIAN CHARLTON
300 EAST RANDOLPH STREET
CHICAGO IL 60601
Utah Company Id. No.: 13135
RESPONDENT,**

**NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER**

Docket No. 2014-030 HL
Enf. Case No. 3459

Judge Mark Kleinfeld
Administrative Law Judge

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 Department, the Department asserts the following facts:

FACTS

1. Respondent is an insurer domiciled in the State of Illinois and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 13135.
2. Respondent is an accident & health insurer that reported Individual or Small Group Comprehensive Hospital & Medical in Utah on the *2012 Utah Accident & Health Survey* and is required to file the *2014 Utah Individual & Small Group Survey* according to the instructions available at: <https://insurance.utah.gov/agent/agent-other/2014IndSmGrp.php>

3. Respondent failed to properly respond to a 1st Notice letter dated January 23rd, 2014, to provide a substantive response to the Commissioner's initial inquiry on or before February 7th, 2014.

4. Respondent was sent a reminder notice via email dated February 3rd, 2014.

5. Respondent was sent a past due notice via email dated February 13th, 2014.

6. Respondent failed to properly file the *2014 Utah Individual & Small Group Survey* on or before March 7th, 2014 as requested in a Final Notice Letter dated February 27th, 2014.

5. As of the date of this Notice of Agency Action and Order, no response has been received and the time for response and any extensions granted have expired.

BASED UPON THE FOREGOING FACTS

1. In failing to submit a timely response to an inquiry from the Commissioner, the Respondent has violated Utah Code § 31A-2-202(4).

Based upon the foregoing facts, the Commissioner now enters the following Order:

ORDER

IT IS HEREBY ORDERED:

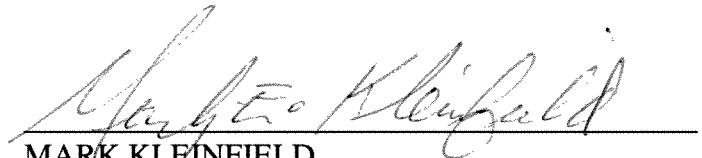
1. Respondent is assessed an administrative forfeiture in the amount of \$750.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

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.

DATED THIS 13th day of March, 2014.

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

NOTIFICATION

If you request a hearing regarding this matter, the Department will be represented by Gary Josephson, 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.

CERTIFICATE OF MAILING

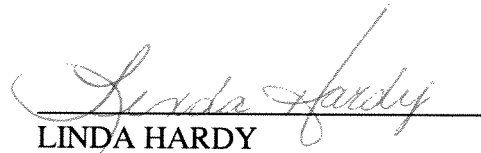
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER

To the following:

BRIAN CHARLTON
HEALTH CARE SERVICE CORPORATION,
A MUTUAL LEGAL RESERVE COMPANY
300 EAST RANDOLPH STREET
CHICAGO IL 60601

DATED this 13th March, 2014


LINDA HARDY



State of Utah

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

Insurance Department

UTAH Invoice - Original

BRIAN CHARLTON
HEALTH CARE SERVICE CORPORATION,
A MUTUAL LEGAL RESERVE COMPANY
300 EAST RANDOLPH STREET
CHICAGO IL 60601

Printed Date: March 13, 2014

Invoice Date: March 13, 2014

Balance Due: \$750.00

Due Date: April 07, 2014

Invoice ID: 683582

Payor ID: 13135

Date	Item Description	Amount
03-11-2014	Monetary Penalty Company	\$750.00

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No Adjustments

No Payments

Balance Amount Due \$750.00

UTAH Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: March 11, 2014

Balance Due: \$750.00

Due Date: April 15, 2014

Invoice ID: 683582

Payor ID: 13135

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**Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher**