

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
Sil Charlesworth
801-538-3345

**BEFORE THE INSURANCE COMMISSIONER
STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT,
COMPLAINANT**

vs.

**Aaron James Meade, License No. 226496,
RESPONDENT.**

**NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER**

Docket No. 2014-052 PC
Enf. Case No. 3486
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 a non-resident insurance agent authorized to do the business of insurance in the State of Utah holding License Number 409510.
2. Respondent failed to properly respond to an inquiry of the Commissioner, dated January 8, 2014, and sent to Respondent's following address on file with the Department: 2417 Sagemont Dr. Brandon, Florida, 33511-1745.
3. A second request for response was mailed to Respondent on February 28, 2014 to the above address as well as via e-mail to the e-mail address on file: ameade@univhc.com. The e-mail sent to the Respondent returned as "failed delivery".

4. A third request for response was sent Respondent on March 4, 2014 to all addresses on file.

5. The Department contacted Respondent by telephone and a message was left requesting a call back. No response has been received to this date.

6. 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:

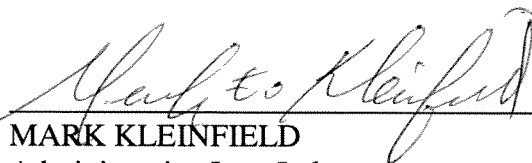
1. Respondent is assessed an administrative forfeiture in the amount of \$500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

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 29 day of May, 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, please contact the Silmara Charlesworth, 801-538-3345. 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.

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:

Aaron James Meade
2417 Sagemont Dr.
Brandon, FL 33511-1745

DATED this 29th May, 2014



LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

UTAH Invoice - Original

AARON JAMES MEADE
MEADE, AARON JAMES
2417 SAGEMONT DR
BRANDON FL 33511-1745

Printed Date: May 29, 2014
Invoice Date: May 29, 2014
Balance Due: \$500.00
Due Date: June 23, 2014
Invoice ID: 696871
Payor ID: 114147

| Date | Item Description | Amount |
|------------|-----------------------------|----------|
| 05-29-2014 | Monetary Penalty Individual | \$500.00 |

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No Adjustments

No Payments

Balance Amount Due \$500.00

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: May 29, 2014
Balance Due: \$500.00
Due Date: June 23, 2014
Invoice ID: 696871
Payor ID: 114147

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