

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
Jeffrey Hawley, Research Analyst
(801)538-9684

**BEFORE THE INSURANCE COMMISSIONER
STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT,
COMPLAINANT**

vs.

**BLOOM HEALTH INS AGENCY,
License No. 363503,
RESPONDENT.**

**NOTICE OF INFORMAL
AGENCY ACTION
AND ORDER**

Docket No. 2014-063 HL
Enf. Case No. 3499
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 licensed third-party administrator authorized to do business in the State of Utah holding License Number 363503.
2. Respondent failed to properly respond to a 1st Notice dated February 13, 2014 to file the 2013 Utah Third Party Administrator Survey on or before March 15, 2014, which was sent to Respondent's following address on file with the Department: 15 S 5TH ST. STE 300, Minneapolis, MN 55402.
3. Respondent failed to properly respond to a 2nd Notice dated April 4, 2014 to file the 2013 Utah Third Party Administrator Survey on or before March 30, 2014, which was sent to

Respondent's following address on file with the Department: 15 S 5TH ST. STE 300, Minneapolis, MN 55402.

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:

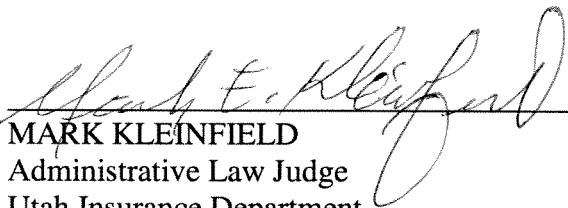
1. Respondent is assessed an administrative forfeiture in the amount of \$750.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

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 30 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 Jeffrey Hawley, 801-538-9684. 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:

Bloom Health Ins. Agency LLC
15 S 5th Street, Suite 300
Minneapolis, MN 55402

DATED this 30th May, 2014


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

**UTAH
Invoice**

Printed Date: May 29, 2014

Invoice Date: May 29, 2014
Balance Due: \$750.00
Due Date: June 23, 2014
Invoice ID: 696878

BLOOM HEALTH INS AGENCY LLC
15 S 5TH ST
STE 300
MINNEAPOLIS MN 55402

Item Description	Amount
Monetary Penalty Agency	\$750.00
Original Amount Due	<u>\$750.00</u>
Payments Received	
	<u>Balance Due</u>

**UTAH
Invoice**

Printed Date: May 29, 2014

Invoice Date: May 29, 2014
Balance Due: \$750.00
Due Date: June 23, 2014
Invoice ID: 696878

Make checks payable to: Utah Insurance Department

Send payment to:

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