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

UTAH INSURANCE DEPARTMENT,
Complainant,

v.

**FORETHOUGHT LIFE INSURANCE
COMPANY,**

Respondent.

**NOTICE OF AGENCY ACTION AND
ORDER**

**Docket No. 2018-027 HL
Enforcement Case No. 3979**

Lisa Watts Baskin, JD
Presiding Officer

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 Indiana and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 1294.
2. Respondent is an insurer that markets Long Term Care Insurance Policies and was required, under Utah Administrative Code Rule R590-148-25, to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30th, of each year.

3. Respondent failed to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30, 2017, 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 Long Term Care Reports on or before June 30, 2017, Respondent violated Utah Admin. Code Rule R590-148-25.

2. 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 \$750.00. 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. Pursuant to Utah Code § 63G-4-203(1) and Utah Admin. Code R590-160-7(1), this informal adjudicative proceeding shall be deemed closed, **and this Order shall become final and take full effect, 15 days after this Notice of Agency Action and**

Order is electronically mailed to Respondent unless a request for a hearing on this matter is received from Respondent prior to that date.

4. A request for a hearing shall be sent by electronic mail to uidadmincases@utah.gov or by U.S. mail to @, Utah Insurance Department, 3110 State Office Building, Salt Lake City, UT 84114. The request for hearing shall be signed by the person making the request and shall state the basis for the relief requested.

DATED THIS 8th day of March, 2018.

TODD E. KISER
INSURANCE COMMISSIONER



Lisa Watts Baskin
Presiding Officer
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone: (801) 538-3800
Email: lbaskin@utah.gov

NOTICE REGARDING ENFORCEMENT OF THE ORDER

Failure to obey the Order may subject you to further penalties that include forfeitures of up to \$2,500 per violation, license suspension or revocation, further enforcement action before the Utah District Court where forfeitures of up to \$10,000 may be imposed. If you are licensed in other jurisdictions, you may be required to report this proceeding to those jurisdictions.

DECLARATION

Under criminal penalty of Utah law, I, Brent Oscarson, declare the following:

1. I am currently employed as a Health Forms Analyst with the Utah Insurance Department where my responsibilities include receiving reports and enforcing their receipt in a timely manner.

2. I submit this Declaration as the basis for issuing the Notice of Agency Action and Order to which this Declaration is attached.

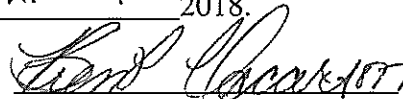
3. Based on my personal knowledge, and based on the facts appearing in the Department's records and files, the following facts are true:

A. Respondent is an insurer domiciled and licensed in the State of Indiana and authorized to do business of insurance in the state of Utah. The company identification number is 1294.

B. Respondent is an insurer that markets Long Term Care Insurance policies and was required, under UAC Rule R590-148-25, to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30th of each year.

C. Respondent failed to electronically file its Replacement and Lapse Report, its Claims Denial Report, its Rescission Report, and its Suitability Report on or before June 30th of each year.

DATED THIS 8TH day of MARCH 2018.



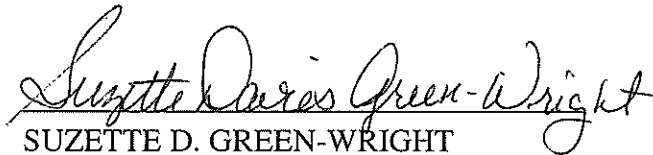
Brent Oscarson
Health Forms Analyst
Utah Insurance Department

CERTIFICATE OF MAILING

The undersigned hereby certifies that on this date, a true and correct copy of the **NOTICE OF AGENCY CTION AND ORDER** were mailed, postage prepaid, to the following:

FORETHOUGHT LIFE INSURANCE COMPANY
ATTN: LAUREL COLTON
10 WEST MARKET STREET, STE 2300
INDIANAPOLIS IN 46204

Dated this 8TH day of MARCH , 2018


SUZETTE D. GREEN-WRIGHT

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