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State Office Building, Room 3110  
Salt Lake City, UT 84114  
Telephone (801) 538-3872

## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

<b>COMPLAINANT:</b>	:	<b>NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER</b>
UTAH INSURANCE DEPARTMENT	:	
<b>RESPONDENT:</b>	:	
AMERICAN MEDICAL AND LIFE INS. CO.	:	DOCKET No. <u>2011-071- HL</u>
8 West 38 <sup>TH</sup> Street, Suite 1002	:	
New York, NY 10018	:	Enf. Case Nos. 2870, 2871 & 2872
Utah Co. Id. No. 15671	:	

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The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. §§ 31A-2-101 and 63-46b-3 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 insurer domiciled in the State of New York and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 15671.
2. On or about January 21, 2011, an inquiry was sent to the Respondent regarding an insurance claim of Audrey Hart, an insured of the Respondent residing in the State of Utah.

3. Respondent replied on February 10, 2011, but the response was incomplete.
4. On April 6, 2011, the department sent a second request to Respondent requesting the missing information requested.
5. A third request was sent to Respondent on April 26, 2011, requiring a response the Department's inquiry.
6. As of the date of this action, the Department has not received a substantive response on its inquiry in the Hart matter.
7. On April 6, 2011, the Department sent an inquiry to the Respondent regarding an insurance claim of Kristy Wilson, an insured of the Respondent residing in the State of Utah.
8. As of the date of this action, the Department has not received a substantive response on its inquiry in the Wilson matter.
9. On April 18, 2011, the Department sent an inquiry to the Respondent regarding an insurance claim of Jodi Lyn Black, an insured of the Respondent residing in the State of Utah.
10. As of the date of this action, the Department has not received a substantive response on its inquiry in the Black matter.
11. The deadline for response to these inquiries and all extensions granted have expired without receiving substantive responses from the Respondent.

Having entered his Findings of Fact, the Commissioner now enters his:

### **CONCLUSION OF LAW**

1. In failing to submit timely substantive responses to inquiries from the Commissioner, the Respondent violated Utah Code Ann. Subsection 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 three administrative forfeitures in the amount of \$750.00, for a total administrative forfeiture of \$2,250.00. 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 each of 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, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. 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 \$5,000.00 per violation and the suspension

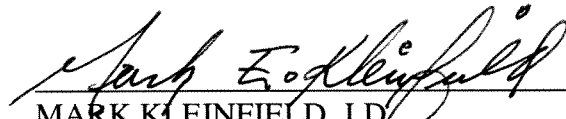
or revocation of your license, or the filing of an action to enforce this Order in District Court which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

**Questions regarding this Adjudicative Proceeding should be directed to Troy E. Stover, at the Utah Insurance Department (801) 537-9073.**

DATED THIS 4<sup>th</sup> day of May, 2011.

NEAL T. GOOCH  
INSURANCE COMMISSIONER

  
MARK KLEINFELD, J.D.  
ADMINISTRATIVE LAW JUDGE  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

CERTIFICATE OF MAILING

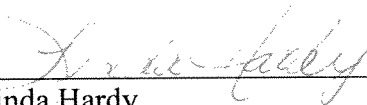
I do hereby certify that on this date I mailed, by regular mail, postage prepaid a true and correct copy of the attached:

NOTICE OF INFORMAL  
ADJUDICATIVE PROCEEDING  
AND ORDER

To the following:

American Medical and Life Ins. Co.  
8 West 38<sup>th</sup> Street, Suite 1002  
New York, New York 10018

DATED this 4<sup>th</sup> day of May, 2011

  
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Linda Hardy  
Market Conduct  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, UT 84114-6901

**UTAH**  
**Invoice - Original**

Printed Date: May 04, 2011  
Invoice Date: May 04, 2011  
Balance Due: \$2,250.00  
Due Date: May 29, 2011  
Invoice ID: 508055  
NAIC ID: 81418  
Payor ID: 15671

STEVEN GEORGE MELLAS  
AMERICAN MEDICAL AND LIFE INSURANCE COMPANY  
8 WEST 38TH STREET  
SUITE 1002  
NEW YORK NY 10018

**Item Description**

**Amount**

5/4/2011 Monetary Penalty Individual  
E-Case 2871, 2872 & 2783 Docket 2011-071 HL

\$2,250.00

**Original Amount Due**                       
\$2,250.00

**Payments Received**

**Balance Due**                     

**UTAH**  
**Invoice - Original**

Invoice Date: May 04, 2011  
Balance Due: \$2,250.00  
Due Date: May 29, 2011  
Invoice ID: 508055  
Payor ID: 15671  
Payor Name: AMERICAN  
MEDICAL AND LIFE  
INSURANCE  
COMPANY

Make checks payable to: Utah Insurance Department

Send payment to:

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