M. GALE LEMMON #4363
Assistant Attorney General
MARK L. SHURTLEFF #4666
Attorney General
Attorneys for Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:	:	**NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER**
UTAH INSURANCE DEPARTMENT	:	
RESPONDENT:	:	**DOCKET NO.** 2008-008 PC
PROFESSIONAL TITLE SERVICES **248 East Main Street** **Price, UT 84501**	:	**E-CASE NO. 2131**
Attention: Mr. Clay G. Holbrook **License No. 401**	:	

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to the Utah Code Annotated (U.C.A.), Sections 31A-2-201 and 63-46b-3 and Utah Administrative Code (U.A.C.), 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 a licensed title insurance agency in the State of Utah.

2. Respondent failed to timely file an Annual Report and a Controlled Business Report for the calendar year 2006 with the Commissioner by the thirtieth day of April 2007.

3. Respondent also failed to timely file its Annual and Controlled Business Reports in years 2000, 2001, 2003, 2004, 2005, 2006.

CONCLUSION OF LAW

1. In failing to file an Annual Report and a Controlled Business Report with the Commissioner when due, Respondent violated Utah Code Ann.§31A-23a-413 and Utah Admin. Code, Rule R590-136-4 and R590-136-5.

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of $3,500. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. 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.

3. Respondent's license is hereby placed on Probation for a period of 12 months beginning with the date this Order becomes final. The terms of probation are that Respondent

shall pay forfeiture assessed herein in a timely manner and shall have no further violations of the Utah Insurance Code, Rule or of any Order of the Commissioner.

NOTIFICATION

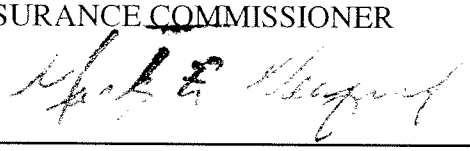
If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative 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 of 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.

Questions regarding this Administrative Proceeding should be directed to Gerri Jones, at the Utah Insurance Department, (801) 537-9057.

DATED THIS FEB 19 2008 day of February, 2008.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK KLEINFIELD, J.D.
ADMINISTRATIVE LAW JUDGE
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

UTAH
Invoice - Original

Printed Date: February 20, 2008

Invoice Date:	February 20, 2008
Balance Due:	$3,500.00
Due Date:	March 16, 2008
Invoice ID:	371903
Payor ID:	6565

CLAY G HOLBROOK
PROFESSIONAL TITLE SERVICES
248 EAST MAIN STREET
PRICE UT 84501

Item Description		Amount
2/20/2008	Monetary Penalty Agency E case 2131 Docket 2008-008 PC	$3,500.00
	Original Amount Due	$3,500.00

UTAH
Invoice - Original

Invoice Date:	February 20, 2008
Balance Due:	$3,500.00
Due Date:	March 16, 2008
Invoice ID:	371903
Payor ID:	6565
Payor Name:	PROFESSIONAL TITLE SERVICES

Make checks payable to: Utah Insurance Department

Send payment to:

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

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:

Professional Title Services
248 East Main Street
Price, UT 84501

DATED this 20th day of February 2008.

Angie Thomas

Angie Thomas Court Clerk
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901