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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: UTAH INSURANCE DEPARTMENT **RESPONDENT:** THE GUARANTEE TITLE AND TRUST CO. Mary Jo Hudson, Liquidator c/o GTT 50 W. Town Street, Third Floor, Suite 350 Columbus, OH 43215 Utah Org. Id. No. 14826	**NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER** **REVOCATION OF CERTIFICATE OF AUTHORITY** **DOCKET No.** 2009-018 PC Enf. Case No. 2360

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.), Sections 31A-2-201 and 63G-4-201 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. The Respondent is an insurer domiciled in the State of Ohio and authorized to do business in the State of Utah, Utah Organization Identification No. 14826.

2. Respondent was placed in liquidation in its state of domicile on October 27, 2008,

and has been ordered to cease doing business.

3. Respondent is not actively doing an insurance business in the State of Utah.

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

CONCLUSIONS OF LAW

1. Grounds exist for delinquency proceedings under Chapter 27 of the Utah Insurance Code if Respondent were a domestic insurer.

2. Respondent's Certificate of Authority should be revoked pursuant to U.C.A. § 31A-14-217.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

ORDER

IT IS HEREBY ORDERED:

1. Respondent's Certificate of Authority in the State of Utah is revoked as of the date this Order becomes final.

2. Respondent is still subject to regulation by the Utah Department of Insurance until a release of regulation is obtained pursuant to the requirements of the Utah Insurance Code.

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.

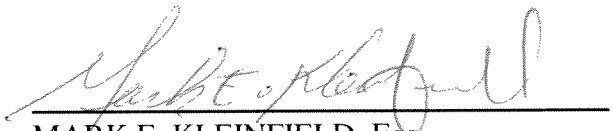
NOTIFICATION

If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Enforcement Counsel, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3872. Failure to request a hearing or to seek agency review will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal on this matter.

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

DATED THIS 19 day of February, 2009.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK E. KLEINFIELD, Esq.
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

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
&
REVOCATION OF CERTIFICATE OF AUTHORITY

To the following:

The Guarantee Title and Trust Co.
c/o GTT Mary Jo Hudson
50 W. Town Street, Third Floor, Suite 350
Columbus, OH 43215

DATED this 23 rd day of February, 2009.

Linda Hardy

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