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:	:	
Lone Peak Title Insurance Agency Inc. **Attention: Kristin Haskell** **259 Main Street # 4** **American Fork, UT 84003**	:	**DOCKET NO. 2004-447 PC** **E-CASE NO. 1413**
License No. 103184	:	

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 file an Annual Report for calendar year 2003 with the Commissioner by the thirtieth day of April 2004.

CONCLUSION OF LAW

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

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of $500.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent's license is herby placed on Probation for period of 12 months beginning with the date of this Order becomes final. The terms of probation are that Respondent shall pay forfeiture assessed herein a timely manner and shall have no further violations of the Utah Insurance Code Rules or of any Order of the Commissioner.

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

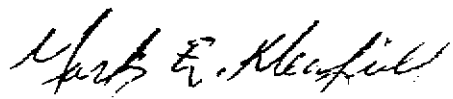
a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

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 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 _____ day of _____, 2004.

MERWIN U. STEWART
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

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 & ORDER

To the following:

Lone Peak title Insurance Agency Inc.
Attn: Kristin Haskell
259 Main Street # 4
American Fork, UT 84003

DATED this 30th day of June ,2004

Linda Hardy

Linda Hardy Insurance Technician
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901
(801) 538-3800

Invoice

Due Date 07-24-2004 **Amount Due** $500.00 **Invoice ID** 209284

Payor ID 12338 **Total Amount Remitted** $

Make Checks Payable To:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

LONE PEAK TITLE INSURANCE AGENCY INC
359 E MAIN STR #4
AMERICAN FORK UT 84003

Invoice ID 209284 **Payor ID** 12338 **Invoice Print Date** 06-30-2004

Items:

06-30-2004	Monetary Penalty Agency	500.00

Amount Due..... $500.00