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: UTAH INSURANCE DEPARTMENT **RESPONDENT:** NOEL SEBASTIAN ROSE 2200 S AVE B #113 YUMA, AZ 85364 License No. 189095	**NOTICE OF INFORMAL ADJUDICATIVE PROCEEDING AND ORDER** DOCKET No. **2004-537 LC** Enf. Case No. 1529

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.) §§ 31A-2-101 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 an agent authorized to do the business of insurance in the State of Utah holding License number 189095.

2. Respondent failed to properly respond to an inquiry of the Commissioner dated August 12, 2004.

3. As of the date of this Notice of Informal Adjudicative Proceeding and Order, no response has been received and the time for response and any extensions granted has expired.

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

CONCLUSION OF LAW

1. In failing to submit a timely response to an inquiry from the Commissioner, the Respondent violated U.C.A. 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 shall pay an administrative forfeiture in the amount of $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 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.

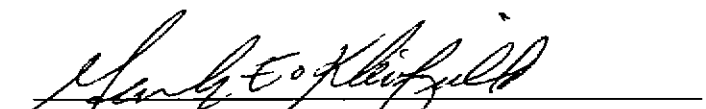
Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal 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 $2,500.00 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 Adjudicative Proceeding should be directed to Kris Radmall, at the Utah Insurance Department (801) 538-3078.

DATED THIS 21st day of September, 2003.

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:

Noel Sebastian Rose
2200 S Ave B # 113
Yuma, AZ 85364

DATED this 21st day of September, 2004

Linda Hardy

Linda Hardy Insurance Technician
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901
(801) 538-3813

Invoice

Due Date 10-11-2004 **Amount Due** $250.00 **Invoice ID** 220423

Payor ID 76989 **Total Amount Remitted** $

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

NOEL SEBASTIAN ROSE
2200 S AVE B #113
YUMA AZ 85364

Invoice ID 220423 **Payor ID** 76989 **Invoice Print Date** 09-21-2004

Items:

09-21-2004 Monetary Penalty Individual 250.00

Amount Due..... $250.00