

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 STATE INSURANCE DEPARTMENT

**RESPONDENT:**

PAMELA S. POWELL  
3990 Cozy Camp Rd.  
Moraine, OH 45439  
License No. 259279

**DEFAULT AND  
DEFAULT ORDER**

**Docket No.** 2009-002-LC

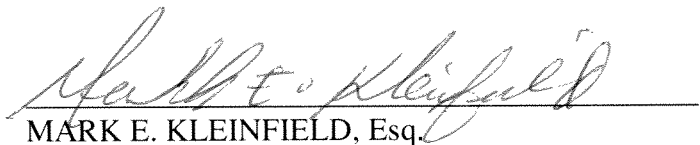
Enf. Case No. 2343

**DEFAULT**

At the date and time for the hearing on the Order to Show Cause issued in this matter, the Complainant appeared by and through its counsel, M. Gale Lemmon, Assistant Attorney General. Respondent failed to appear either in person or through counsel, and no contact was made by Respondent with the department. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, the Default of the Respondent is hereby entered.

DATED this 8<sup>th</sup> day of July, 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.

Presiding Officer  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

**DEFAULT ORDER**

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Motion for Order to Show Cause as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

1. The insurance license of the Respondent, Pamela S. Powell, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.


**NOTIFICATION**

Respondent is hereby notified that failure to abide by the terms of this Order may subject you to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the filing of an action to enforce this Order in the District Court which may impose penalties 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.

DATED this 8<sup>th</sup> day of JULY, 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER



MARK E. KLEINFELD, Esq.  
Presiding Officer  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

**CERTIFICATE OF MAILING**

I hereby certify that on the 9 day of July, 2009 a true and correct copy of the above and foregoing **DEFAULT AND DEFAULT ORDER** was sent first class mail, postage prepaid to the following:

Pamela S. Powell  
3990 Cozy Camp Road  
Moraine, OH 45439

and a true and correct copy hand-delivered to the following:

M. Gale Lemmon  
Assistant Attorney General  
Attorney for Utah Insurance Department  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114



\*\*\*\*\*