

M. GALE LEMMON #4363  
Assistant Attorney General  
MARK L. SHURTLEFF #4666  
Attorney General  
Attorneys for Utah Insurance Department  
160 East 300 South, Fifth Floor  
P.O. Box 140874  
Salt Lake City, UT 84114-0874  
Telephone (801) 366-0375

**BEFORE THE INSURANCE COMMISSIONER  
OF THE STATE OF UTAH**

**COMPLAINANT:**

UTAH STATE INSURANCE DEPARTMENT

**RESPONDENT:**

JACQUELINE ANN GERMAIN  
License No. 314683  
1275 West Clubhouse Dr., #3507  
Taylorsville, UT 84123  
  
4545 Atherton Dr. #28  
Taylorsville, UT 84123

**DEFAULT AND  
DEFAULT ORDER**

**Docket No. 2010-049-LC**

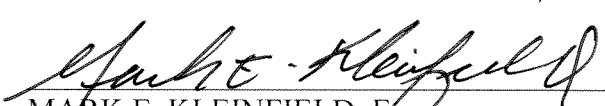
**Enf. Case No. 2656**

**DEFAULT**

On Wednesday the 8<sup>th</sup> day of September, 2010, at 9:00 a.m., the date and time set for the hearing on the Order to Show Cause issued in this matter on August 24, 2010, the Complainant appeared by and through it attorney, M. Gale Lemmon, Assistant Attorney General, the Respondent failed to appear either in person or through counsel. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, and the Default of the Respondent is hereby entered.

DATED this 13<sup>th</sup> day of September, 2010.

NEAL T. GOOCH  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.  
Presiding Officer

**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, Jacqueline Ann Germain, 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 13<sup>th</sup> day of September, 2010.

NEAL T. GOOCH  
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 do hereby certify that on this date I mailed, by regular mail postage prepaid, a true and correct copy of the attached:

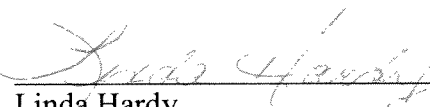
DEFAULT AND  
DEFAULT ORDER

LICENSE REVOKED

To the following:

**Jacqueline Ann Germain**  
**1275 West Clubhouse Dr. # 3507**  
**Taylorsville, UT 84123**  
**&**  
**Jacqueline Ann Germain**  
**4545 Atherton Dr. #28**  
**Taylorsville, UT 84123**

DATED this 13<sup>th</sup> day of September, 2010



---

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