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

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

KORTE H. WAMSLEY, JR.
733 East 1700 South, #A
Salt Lake City, UT 84015
License No. 136346

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2007-075-LC

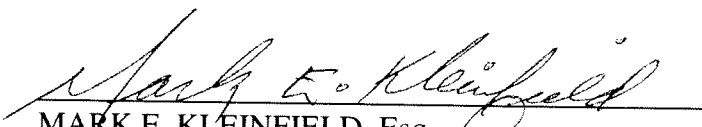
Enf. Case No. 2035

DEFAULT

The date and time for the Pre-hearing in this matter having come, and the Complainant appearing by and through counsel, M. Gale Lemmon, Assistant Attorney General, and the Respondent having failed to appear either in person or by counsel, and more than 30 days having elapsed since the mailing of the Complaint and Notice of Formal Adjudicative Proceeding in this matter, and no Response having been received, pursuant to Utah Code Annotated Section 63-46b-11 the Default of the Respondent is hereby entered.

DATED this 11th day of October, 2007.

D. KENT MICHIE
INSURANCE COMMISSIONER


MARK E. KLEINFELD, Esq.

DEFAULT ORDER

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Complaint 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, Korte H. Wamsley, Jr., is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah and shall not be an owner, directly or indirectly on any entity doing an insurance business in the State of Utah and shall not act as an officer, director, employee or agent of any entity doing an insurance business in this State.

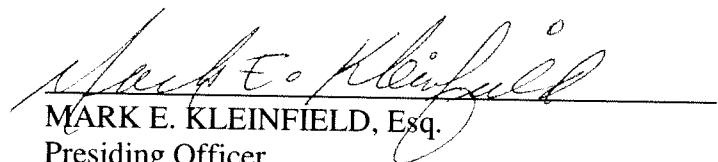
NOTIFICATION

Respondent is hereby notified that failure to abide by the terms of this Order may subject it 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 11th day of October, 2007.

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 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

To the following:

Korte H. Wamsley
733 East 1700 South #A
Salt Lake City, UT 84015

DATED this 11th day of October, 2007.



Angie Thomas Court Clerk

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