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State Office Building, Room 3110  
Salt Lake City, UT 84114  
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**BEFORE THE INSURANCE COMMISSIONER  
OF THE STATE OF UTAH**

**COMPLAINANT:**

UTAH STATE INSURANCE DEPARTMENT

**RESPONDENT:**

AVA E. GARDNER  
5301 Daysbrook Dr., Unit 102  
Orlando, FL 32835  
License No. 245016

**DEFAULT AND  
DEFAULT ORDER**

**Docket No.** 2007-087-LC

Enf. Case No. 2054

**DEFAULT**

The date and time for the hearing in the Order to Show Cause in this matter having come, and the Complainant appearing by and through its counsel, M. Gale Lemmon, Assistant Attorney General, and the Respondent having failed to appear either in person or by counsel, pursuant to Utah Code Annotated § 63G-4-209 the Default of the Respondent is hereby entered.

DATED this 15<sup>th</sup> day of July, 2008.

D. KENT MICHIE  
INSURANCE COMMISSIONER



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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, Ava E. Gardner, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.


**NOTIFICATION**

You 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 1<sup>st</sup> day of JULY, 2008.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
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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:

Ava Gardner  
5301 Daysbrook Dr Unit 102  
Orlando, FL 32835

DATED this 1<sup>st</sup> day of July, 2008.

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