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

**COMPLAINANT:**

UTAH STATE INSURANCE DEPARTMENT

**RESPONDENT:**

PAULA RENE HAULOT  
20380 N. 59<sup>th</sup> Ave., Suite 115  
Glendale, AZ 85308  
License No. 244168

**DEFAULT AND  
DEFAULT ORDER**

**Docket No.** 2007-104-LC

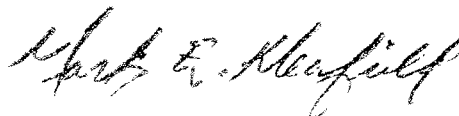
Enf. Case No. 2064

**DEFAULT**

On Tuesday, February 19, 2008 at 10:00 a.m., the date and time for the Hearing on an Order To Show Cause issued 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 or to contact the department either in person or through counsel, the default of the Respondent is hereby entered.

DATED this \_\_\_\_\_ day of FEB 19 2008, 2008.

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 an 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, Paula Rene Haulot, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.

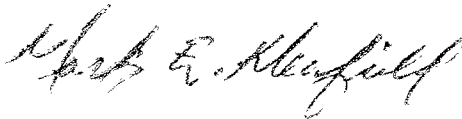
**NOTIFICATION**

Respondent is hereby notified that failure to abide by the terms of this Order may subject 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 \_\_\_\_\_ day of **FEB 19 2008**, 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:

Paula Rene Haulot  
20380 N. 59<sup>th</sup> Ave Suite 115  
Glendale, AZ 85308

DATED this 20th day of February, 2008.

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