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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:

MICHAEL J. CARREON
5525 S. Mission, Apt. 9304
Tucson, AZ 85746
License No. 264380

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2008-031-LC

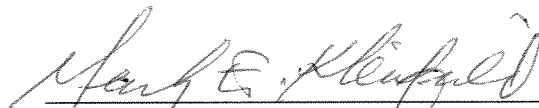
Enf. Case No. 2149

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 15th day of JULY, 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 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, Michael J. Carreon, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.

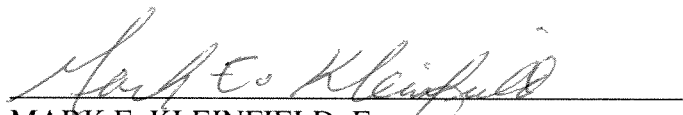
NOTIFICATION

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 1st day of JULY, 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

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:

Michael Carreon
5525 S Mission Apt 9304
Tucson, AZ 85746

DATED this 1st day of July, 2008.



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