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Salt Lake City, UT 84114
Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

**DEFAULT AND
DEFAULT ORDER**

RESPONDENT:

KYLEE JUSTINE BROWN
150 South 300 East, #303
Salt Lake City, UT 84013
License No. 292334

Docket No. 2009-062-LC

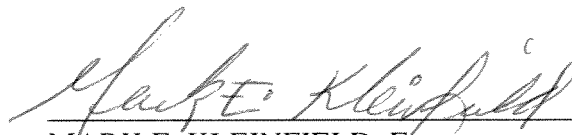
Enf. Case No. 2386

DEFAULT

At the date and time for the Pre-hearing in this matter, the Complainant appeared by and through counsel, M. Gale Lemmon, assistant attorney general. Respondent failed to appear either in person or through counsel. Further, more than 30 days have elapsed since the mailing of the Complaint and Notice of Formal Adjudicative Proceeding in this matter, and no response has been received from the Respondent. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, the Default of the Respondent is hereby entered.

DATED this 11th day of JUNE, 2009.

D. KENT MICHIE
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 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, KyLee Justine Brown, 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 her to further penalties, including 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 JUNE, 2009.

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:

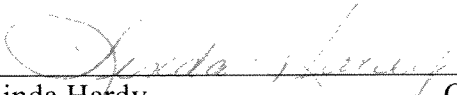
DEFAULT AND
DEFAULT ORDER

LICENSE REVOKED

To the following:

Kylee Justine Brown
150 South 300 East # 303
Salt Lake City, UT 84013

DATED this 11th day of June, 2009.



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