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BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

ARIELLE CORRIGAN
1960 S. 5200 W.
Hurricane, UT 84737
License No. 392030

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2012-031-LC

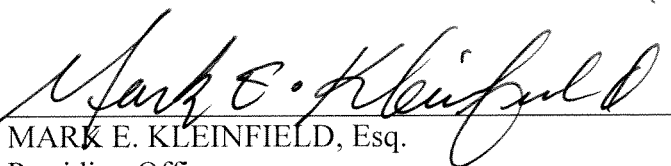
Enf. Case No. 3031

DEFAULT

On Tuesday, the 30th day of April 2013, at 9:00 a.m., the date and time set for the hearing in this matter, the Complainant appeared by and through its attorney, M. Gale Lemmon, Assistant Attorney General, the Respondent failed to appear either in person or through counsel, and had not made any contact with the Department or its counsel in regard to this matter. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, and the Default of the Respondent is hereby entered.

DATED this 7th day of May, 2013.

TODD E. KISER
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 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, Arielle Corrigan, 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 her 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 7th day of May, 2013.

TODD E. KISER
INSURANCE COMMISSIONER



MARK E. KLEINFELD
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:

**MOTION AND
ORDER ON ORDER TO
SHOW CAUSE**

REVOCACTION OF LICENSE

To the following:

**Arielle Corrigan
1960 S 5200 W
Hurricane, UT 84737**

DATED this 11th day of April, 2013



Linda Hardy
Market Conduct
Utah Department of Insurance
801-538-3860
lhardy@utah.gov