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

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

APRIL MARIE WILSON
1026 S. 800 E.
Salt Lake City, UT 84105
License No. 275114

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2011-249-LC

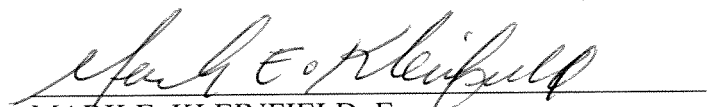
Enf. Case No. 3049

DEFAULT

On Tuesday, the 7th day of August, 2012, at 9:30 a.m., the date and time set for the hearing in this matter, the Complainant appeared by and through it attorney, M. Gale Lemmon, Assistant Attorney General, the Respondent failed to appear either in person or through counsel. Therefore, no response having been received from Respondent, pursuant to Utah Code Annotated Section 63G-4-209, the Default of the Respondent is hereby entered.

DATED this 9th day of August, 2012.

NEAL T. GOOCH
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, April Marie Wilson, 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 9th day of August, 2012.

NEAL T. GOOCH
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:

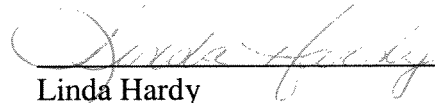
DEFAULT AND
DEFAULT ORDER

LICENSE REVOKED

To the following:

April Marie Wilson
1026 S 800 E
Salt Lake City, UT 84105

DATED this 9th day of August, 2012.



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