

M. GALE LEMMON #4363
Assistant Attorney General
MARK L. SHURTLEFF #4666
Attorney General
Attorneys for Utah Insurance Department
160 East 300 South, Fifth Floor
P.O. Box 140874
Salt Lake City, UT 84114-0874
Telephone (801) 366-0375

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

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

LEAH N. PIERCE
8410 Valley City Rd.
Mauckport, IN 47142
License No. 362859

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2011-254-LC


Enf. Case No. 3070

DEFAULT

On Wednesday, the 25th day of July, 2012, at 9:00 a.m., the date and time set for the hearing on the Order to Show Cause 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. Therefore, pursuant to Utah Code Annotated Section 63G-4-209, and the Default of the Respondent is hereby entered.

DATED this 26th day of July, 2012.

NEAL T. GOOCH
INSURANCE COMMISSIONER


MARK E. KLEINFELD, 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, Leah N. Pierce, 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 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 26th day of July, 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:

Leah N. Pierce
8410 Valley City Rd.
Mauckport, IN 47142

DATED this 26th day of July, 2012.



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