M. GALE LEMMON #4363
Assistant Attorney General
MARK L. SHURTLEFF #4666
Attorney General
Attorneys for Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

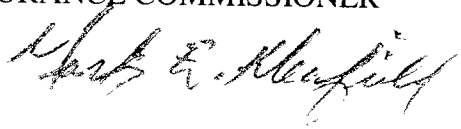
COMPLAINANT: UTAH STATE INSURANCE DEPARTMENT **RESPONDENT:** THERESA CHRISTINE MILLER 1515 Broadway, #65 El Cajon, CA 92019 License No. 245618	**DEFAULT AND DEFAULT ORDER** **Docket No.** 2007-092-LC Enf. Case No. 2058

DEFAULT

On Tuesday, February 19, 2008 at 10:00 a.m., the date and time for the Hearing on an Order To Show Cause issued 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 or to contact the department either in person or through counsel, the default of the Respondent is hereby entered.

DATED this _____ day of FEB 19 2008, 2008.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK E. KLEINFIELD, 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 an 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, Theresa Christine Miller, is hereby revoked forthwith.

2. Respondent shall immediately cease doing any insurance business in the State of Utah.

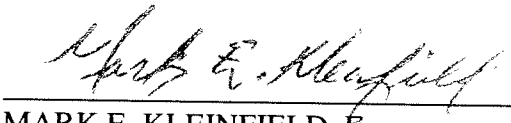
NOTIFICATION

Respondent is hereby notified that failure to abide by the terms of this Order may subject it 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 _____ day of FEB 19 2008, 2008.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK E. KLEINFIELD, 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:

Theresa Christine Miller
1515 Broadway #65
El Cajon, CA 92019

DATED this 20th day of February, 2008.

Angie Thomas

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