

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 INSURANCE DEPARTMENT

RESPONDENT:

CHRISTOPHER SCHULTHIES
364 Monroe
Twin Falls, ID 83301
License No. 362341

**DEFAULT AND
DEFAULT ORDER**

Docket No. 2011-231-LC

Enf. Case No. 2905

DEFAULT

On Tuesday, the 6th day of December, 2011, at 9:30 a.m., the date and time set for the Pre-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. Further, more than 30 days having elapsed since the mailing of the Complaint and Notice of Formal Adjudicative Proceeding in this matter, and no response having been

received, pursuant to Utah Code Annotated Section 63G-4-209, and the Default of the Respondent is hereby entered.

DATED this 8 day of December, 2011.

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 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, Christopher Schulthies, 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 8 day of December ^{2011 4EK} ~~2010~~:

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 ORDER

LICENSE REVOKED

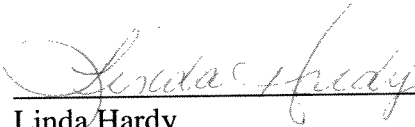
To the following:

CHRISTOPHER SHULTHIES

364 Monroe

Twin Falls, ID 83301

DATED this 9th day of December, 2011.



Linda Hardy

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