



**Action**

Pursuant to ORS 731.988, Encompass shall pay a civil penalty of \$2,200. The payment shall be made in the form of a check payable to the "Department of Consumer and Business Services" for the full amount due. The payment shall be delivered to the Insurance Division at 350 Winter Street NE, Room 440, Salem, OR 97301-3883, or mailed to the Insurance Division at PO Box 14480, Salem, OR 97309-0405. The payment shall be received by the Insurance Division by the date of the Final Order.

Dated January 28, 2004

/s/ David Simek  
[Signature of Representative]

David Simek  
[Printed Name of Representative]

Authorized Representative  
[Printed Title of Representative]

Encompass Insurance Company

**FINAL ORDER**

The director adopts, and incorporates herein by this reference, the above Stipulation as the director's final decision in this proceeding.

Dated April 26, 2004

/s/ Cory Streisinger  
Cory Streisinger  
Director  
Department of Consumer and Business Services

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