

Action

Pursuant to ORS 731.988, Medical shall pay a civil penalty of \$1,700. 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 29, 2004

/s/ Darryl L. Alexander
[Signature of Representative]

Darryl L. Alexander
[Printed Name of Representative]

Compliance Specialist
[Printed Title of Representative]

The Medical Assurance 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 27, 2004

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

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