

deposit of \$81,055 to its special workers' compensation deposit by 4/12/10. Explorer made the additional deposit on 4/19/10, seven days late.

Action

Pursuant to ORS 731.988(1), Explorer is assessed a civil penalty of \$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 or mailed to the Insurance Division at the Labor and Industries Building, 350 Winter Street NE Room 300, Salem, Oregon 97301-3880; 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 May 18, 2010

/s/ Fred Rostamian
[Signature of Representative]
Fred Rostamian
[Printed Name of Representative]
Vice President and Controller
[Printed Title of Representative]
Explorer Insurance Company

FINAL ORDER

The director incorporates herein the above stipulation, adopts it as the director's final decision in this proceeding, and orders that the action stated therein be taken.

Dated June 10, 2010

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

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