



Respondent is **FURTHER ORDERED** to pay the sum of \$9,000.00 to the State of California pursuant to California Insurance Code 790.035(a) within thirty (30) days of receipt of an invoice from the Department. Payment shall be mailed to California Department of Insurance, Division of Accounting, 300 Capital Mall, 13th Floor, Sacramento, CA 95814.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal this 27th day of December 2005.

JOHN GARAMENDI  
Insurance Commissioner

By /s/

JOSE AGUILAR  
Assistant Chief Counsel