

BEFORE THE IOWA INSURANCE COMMISSIONER
330 Maple Street Des Moines, Iowa 50319

IN THE MATTER OF
BRISTOL WEST
INSURANCE COMPANY

} ORDER AND CONSENT TO ORDER

} DIVISION DOCKET # 67308

The Iowa Insurance Division (Division) alleges that Bristol West Insurance Company (Bristol West) failed to properly handle an insurance claim for a resident of the State of Iowa in violation of Iowa Code Chapter 507B and Iowa Administrative Code Chapter 15. Specifically, the Division alleges Bristol West failed to timely and properly contact their insured to obtain the facts of the loss and inform the insured of the status of their investigation causing their insured to be sued for the damages of the other party. Bristol West hereby consents to the entry of this Order and Consent to Order.

ORDER

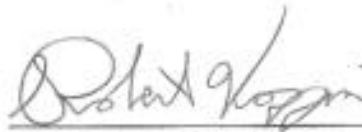
THEREFORE, IT IS ORDERED:

1. Bristol West shall cease and desist violating Iowa Code Chapter 507B and Iowa Administrative Code Chapter 15 and its rules for the acts described above or any other insurance statutes or rules in the state of Iowa.
2. Bristol West shall pay a civil penalty of \$1,500 to the Division upon signing of this Order. In addition, Bristol West shall pay the administrative costs of this action totaling \$500. A check totaling \$2,000 made payable to the Iowa Insurance Division should be

remitted to the Iowa Insurance Division, 330 Maple Street, Des Moines, Iowa 50319 with attention to John Leonhart, Enforcement Attorney.

Dated this 28th day of March, 2011.

SUSAN E. VOSS
Commissioner of Insurance



BY: Robert Koppin
Enforcement Bureau Chief

CONSENT TO ORDER AND AGREEMENT

I, Bristol West Insurance Company, have read, understood, and do knowingly consent to this Order in its entirety. By executing this consent, I understand that I am waiving my rights to a hearing, to confront and cross-examine witnesses, to produce evidence, and to judicial review. I make no admission as to the truth of the allegations made by the Division by signing this Order. I also understand that this Order is considered final administrative action that shall be reported by the Division to the National Association of Insurance Commissioners. I also understand that this Order is a public record under Iowa Code chapter 22 (2011), that will be disclosed to other state regulatory authorities, upon request, pursuant to Iowa Code section 505.8(6)(c) (2011). I also understand that the information contained in the Order will be posted to the Division's web site and a notation will be made to my publicly available web site record that administrative action has been taken against me.

DR

Bristol West Insurance Company

By Denise Ruqero
VP - Research Policy / Regulatory Counsel

3-16-11

Date

Subscribed and sworn before me by _____ on this _____ day of _____, 2011.

Notary Public for the State of _____

*Please see Notary Certificate
of March 16, 2011*

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

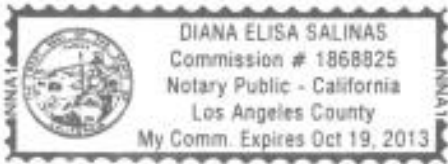
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 11th day of March, 2011,
Date Month Year
 by
 (1) Denise Ruggiero
Name of Signer



proved to me on the basis of satisfactory evidence
 to be the person who appeared before me ~~(1)~~
 (and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)

Signature Diana Elisa Salinas
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Order and Consent to Order

Document Date: March 11, 2011 Number of Pages: 3

Signer(s) Other Than Named Above: no other

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here