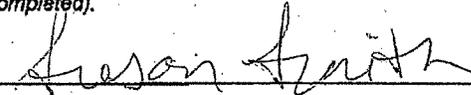


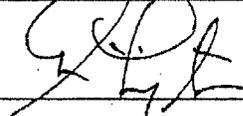
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Susan K. Smith, Deputy Attorney General, #231575 California Department of Justice 300 S. Spring St., Suite 1702, Los Angeles, CA 90013 TELEPHONE NO.: (213) 897-2105 FAX NO. (Optional): (213) 897-1071 E-MAIL ADDRESS (Optional): susan.smith@doj.ca.gov ATTORNEY FOR (Name): Petitioner Steve Poizner, as Calif. Ins. Comm'r		FOR COURT USE ONLY ORIGINAL FILED FEB 17 2012 LOS ANGELES SUPERIOR COURT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill St. MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012-3014 BRANCH NAME: Central		
PLAINTIFF/PETITIONER: Insurance Commissioner Steve Poizner DEFENDANT/RESPONDENT: Office of Administrative Law		
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify) : Writ of Mandate, Injunctive and Declaratory Relief		
- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -		

1. TO THE CLERK: Please dismiss this action as follows:
- a. (1) With prejudice (2) Without prejudice
 - b. (1) Complaint (2) Petition
 - (3) Cross-complaint filed by (name): See attached for full name
 - (4) Cross-complaint filed by (name): See attached for full name
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

on (date): February 4, 2011
 on (date): February 4, 2011

2. (Complete in all cases except family law cases.)
 Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: February 17, 2012
 Susan K. Smith
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)
 *If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant
 (SIGNATURE) 

3. TO THE CLERK: Consent to the above dismissal is hereby given.**
 Date: February 17, 2012
 Gene Livingston
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)
 ** If a cross-complaint -- or Response (Family Law) seeking affirmative relief -- is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (f) or (j).
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant
 (SIGNATURE) 

(To be completed by clerk)
 4. Dismissal entered as requested on (date): FEB 17 2012
 5. Dismissal entered on (date): as to only (name):
 6. Dismissal not entered as requested for the following reasons (specify):
 7. a. Attorney or party without attorney notified on (date):
 b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to be conformed means to return conformed copy
 Date: FEB 17 2012 Clerk, by N. Digiambattista, Deputy

PLAINTIFF/PETITIONER: Insurance Commissioner Steve Poizner	CASE NUMBER:
DEFENDANT/RESPONDENT: Office of Administrative Law	BS129209

Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for (name):
2. The person in item 1 (check one):
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is recovering \$10,000 or more in value by this action. (If item 2c is checked, item 3 must be completed.)
3. All court fees and costs that were waived in this action have been paid to the court (check one): Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)

Attachment to Request For Dismissal

Seeking dismissal of Cross-Complaint by American Council of Life Insurers, American Insurance Association, and Association of California Life and Health Insurance Companies;

And

Seeking dismissal of Cross-Complaint by Association of California Insurance Companies and Personal Insurance Federation of California

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: Steve Poizner v. Office of Administrative Law

No.: BS129209

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter; my business address is 300 South Spring Street, Suite 1702, Los Angeles, CA 90013.

On February 17, 2012, I served the attached **REQUEST FOR DISMISSAL** by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Mail at Los Angeles, California, addressed as follows:

Debra M. Cornez
Assistant Chief Counsel
Kathleen Eddy, Senior Counsel
Elizabeth Heidig, Senior Counsel
Office of Administrative Law
300 Capital Mall, Suite 1250
Sacramento, CA 95814
*Attorneys for Office of Administrative Law,
In Pro Per*

Gene G. Livingston
Greenberg Traurig LLP
1201 K Street, Suite 1100
Sacramento, California 95814
*Attorneys for Cross-Complainants & Real
Parties in Interest
Association of California Insurance
Companies and Personal Insurance
Federation of California*

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on February 17, 2012, at Los Angeles, California.

Rosa Macias
Declarant


Signature