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	AUTOMOBILE INSUKANCE COMPANT			
9	BEFORE THE INSURANCE COMMISSIONER			
10	OF THE STATE OF CALIFORNIA			
11				
12	In the Matter of the Rate Applications of	File No.: 23-563 (RFC-2024-003)		
13	State Farm General Insurance	File No.: 23-613 (RFC-2024-004) File No.: 23-890 (RFC-2024-005)		
14	Company, and	The No.: 25-670 (NPC-2024-003)		
15	State Farm Mutual Automobile Insurance Company,	STATE FARM GENERAL INSURANCE COMPANY AND STATE FARM MUTUAL		
16	insurance company,	AUTOMOBILE INSURANCE COMPANY'S PETITION FOR REVIEW		
17	Applicants.	OR RECONSIDERATION, AND REJECTION, OF ORDERS AWARDING		
18		COMPENSATION		
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# I. INTRODUCTION

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2	State Farm Mutual Automobile Insurance Company (SFMAIC) and State Farm General
3	Insurance Company (SFGIC) (collectively "State Farm") hereby petition the Commissioner to
4	review, reconsider, but in any event to reject, the three decisions issued and presented as RFC-24-
5	003, RFC-24-004, and RFC-24-005. <sup>1</sup> These decisions are essentially duplicative. Each suffers
6	from common defects, specifically:

- In the subject decisions, the Administrative Law Judge purports to usurp the Commissioner's authority to approve submitted rate applications. That authority belongs to the Insurance Commissioner.
- In the subject decisions, the Administrative Law Judge purports to exert authority beyond that assigned by statute.
- An Administrative Law Judge cannot wield the Commissioner's executive power.
- An Administrative Law Judge has no authority to declare invalid a
  resolution process taking place prior to the Commissioner initiating a
  hearing.
- An Administrative Law Judge is limited to issuing *proposed adjudicatory*decisions whereas the decisions challenged here purport to be final
  decisions, of an indeterminate nature. ALJ Proposed Decisions are not
  final decisions and must be submitted to the Commissioner for review and
  acceptance or rejection, as provided for in CIC § 1861.08(c) (incorporating
  certain sections of Government Code § 11517).

In filing this Petition, State Farm supports the letter filed by the California Department of
 Insurance (CDI) dated November 4, 2024, although State Farm has a different view regarding the
 Commissioner's authority to delegate executive functions to the Administrative Hearing Bureau

<sup>1</sup> See accompanying Record, at Bates Nos. 00172\_AHB-00216\_AHB, 00284\_AHB-00333\_AHB, and 00398\_AHB-00445\_AHB. State Farm is lodging the Record with the Commissioner due to some confusion regarding applicable procedures. If this matter is controlled by the adjudicatory provisions of the APA, it would not be State Farm's responsibility to present the record.

(AHB), and related confusion regarding application of different bodies of law that apply or do not
 based on application (or not) of the Administrative Procedure Act (APA) sections governing
 adjudicatory proceedings. Regardless, it is evident that an Administrative Law Judge never has
 the authority to issue a final decision in the name of the Commissioner, and certainly never has
 the authority to overrule a rate approval issued by the Commissioner.

Given the absence of authority for the three ALJ decisions, they should be a dead letter. 6 7 Unfortunately, Consumer Watchdog has decided that they are valid, and has decided that it will 8 submit settlements to the AHB for approval on its own authority, which does not actually exist. 9 The ALJ decisions also suggest, in contradistinction to the Commissioner's authority and 10 prevailing practice over the last decades, that (1) there is something shady about the well-11 established practice for resolving virtually all "intervened-on" rate applications; and (2) random 12 persons might collaterally attack the Commissioner's rate approvals, in disregard of the 13 Commissioner's authority as an elected official, although that has never happened in the decades 14 the current pre-hearing resolution process has been in effect.

15 For all of the reasons stated herein, State Farm requests that the Commissioner reject the 16 ALJ's decisions in their entirety. Notably, in none of the Requests For Compensation that were 17 (apparently) referred to the AHB did State Farm oppose the Request For Compensation. In one, 18 (RFC-2024-004), SFGIC asked that the decision maker clarify standards such that Consumer 19 Watchdog would be advised in the future that it could not bill, e.g., for duplicative work. But 20 there were no oppositions. It should be recognized that it is in this context that an Administrative Law Judge decided to upend the entire process, in effect for at least two decades, for settlement of 21 22 rate applications while under review prior to any notice of hearing.

23 **II.** 

# . BACKGROUND

At issue here is the viability of the process by which rate applications in which persons have intervened can be resolved during review, without a hearing. That isn't what was supposed to be at issue. All that was supposed to be at issue was the compensation to be awarded to

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intervenor Consumer Watchdog.<sup>2</sup> The Chief ALJ, however, elected to assign to herself the job of considering whether the settlement stipulations were valid. She decided they were not, because, she reasoned, the regulations that apply to stipulations and settlements *after a hearing has commenced* must apply even though *no* hearing has commenced.<sup>3</sup> Since, in every case in which there is a stipulated settlement, that settlement must be presented to the Commissioner and the Commissioner must approve the rates, the ALJ has effectively challenged the Commissioner's authority to approve rates.

8 For decades, rate applications in which a person has intervened have virtually always been 9 resolved by stipulation of the parties, followed by approval by the Commissioner of the agreed-10 upon rates. The parties' stipulation does not include fees to be paid to the intervenor. Following 11 rate approval, the intervenor submits a Request For Compensation to the Public Advisor. The orders granting (or, on rare occasion, denying) compensation were, historically, executed by a 12 13 Deputy General Counsel. The first compensation orders State Farm received that were executed 14 by an ALJ were dated January, 2021. While this signaled some shift by the Department, the ALJ 15 orders simply decided the compensation question—up until the sheaf of orders issued on October 18, 2024. In those orders, as noted, the ALJ held invalid the longstanding process for resolving 16 17 disputes over a rate application without a hearing. The ALJ held that an ALJ must approve a 18 settlement reached by the parties *before* commencement of a hearing, under regulations that apply 19 only once a hearing has been noticed and an ALJ appointed. By any analysis, these orders reach 20 beyond the scope of an ALJ's authority, and insofar as appears, well beyond the scope of the task assigned to the ALJ. 21

- The authority held by an ALJ is to preside over *hearings* and issue Proposed Decisions:
  all tasks assigned to ALJs are "adjudicatory" in nature regardless of whether a governing statute
  compels APA adjudication.<sup>4</sup> The authority held by a CDI ALJ does not differ from that of an
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 <sup>&</sup>lt;sup>2</sup> State Farm assumes this to be true based on CDI's November 4, 2024 Letter to the Commissioner. Whatever instrument purported to appoint the AHB to decide the requests for compensation has not been made public.
 <sup>3</sup> State Farm addressed the history of the regulations and their proper construction in its submission to the ALJ. That

<sup>27</sup> record is provided. We do not repeat that analysis here, but focus on the larger issues.

 <sup>&</sup>lt;sup>4</sup> See 10 CCR § 2614.1(a)("To the extent not otherwise specified by law or regulation, the administrative law judge or hearing officer shall: control the course of proceedings; grant or deny requests for continuances; administer oaths;

1	Office of Administrative Hearings (OAH) ALJ (see footnote 3); rather, certain Insurance Code
2	statutes allow the Commissioner to choose <i>either</i> a CDI ALJ or an OAH ALJ in some
3	circumstances. See CIC §§ 742.37, 769.86, 790.05, 790.06(a), 790.07, 790.15(c), and
4	1861.08(a). <sup>5</sup> An ALJ cannot approve settlements (only the Commissioner can approve
5	settlements) <sup>6</sup> , and by the same token cannot <i>dis</i> approve settlements pursuant to which the
6	Commissioner has approved rates. The Commissioner cannot delegate <i>executive</i> powers to an
7	ALJ, whose job it is to preside over <i>adjudicatory</i> hearings, i.e., hearings that involve the
8	functions identified by regulation 10 CCR 2614.1(a). <sup>7</sup>
9	For all of these reasons, discussed further below, State Farm believes the Commissioner
10	must reject the ALJ's decisions. As noted, State Farm did not oppose any of the Requests For
11	Compensation, although SFGIC did ask that billing standards be clarified as guidance for future
12	Requests. Nonetheless, since the ALJ decisions cannot, as presented as final and conclusive, be
13	reconciled with any appropriate assignment of authority to the AHB, State Farm believes it must
14	await orders properly issued by the Commissioner or a person within the Department to whom the
15	Commissioner's authority can be lawfully delegated.
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19	issue submoanes, rule on motions to compal discovery, receive evidence, unon notice, hold enpropriete conferences
20	issue subpoenas; rule on motions to compel discovery; receive evidence; upon notice, hold appropriate conferences before or during hearings; rule upon all objections or motions which do not involve final determinations of proceedings; receive offers of proof; hear argument; recommend to the Commissioner approval or disapproval of
21	proposed stipulations and settlements; and fix the time and place for the filing of briefs."); see also 10 CCR § 2654.1(a) (same).
22	<ul> <li><sup>5</sup> See also the legislative history of AB 3023 (Exhibits A- G of the accompanying Request for Official Notice and Declaration of Vanessa Wells). Enacted in 2002, AB 3023 added section 21.5 to the Insurance Code to ensure that</li> </ul>
23	ALJs from the CDI also are authorized to hear cases involving unfair competition or unfair practices under the Insurance Code. AB 3023 did not confer any executive or quasi-legislative authority upon ALJs appointed by the
24	Commissioner. <sup>6</sup> See CIC § 12921(b)(1)(A) (the Commissioner may delegate the power to negotiate settlements to designated deputy
25	commissioners but may not delegate the <i>authority to approve</i> a settlement with an insurer). <sup>7</sup> See CIC § 7, which allows an officer's powers to be exercised by a deputy, "or by a person authorized <i>pursuant to</i>
26	<i>law</i> by the officer, unless it is expressly otherwise provided." (emphasis added) A CDI ALJ cannot be authorized "pursuant to law" to exercise executive powers, anymore than an OAH ALJ could be so authorized. An agency—i.e.
27	the Commissioner—may <i>choose</i> an adjudicatory process to resolve matters where an APA hearing is not required by statute ( <i>cf.</i> Government Code § 11415.10(a)), and assign an ALJ for that purpose, but may not delegate the executive
28	power to an ALJ, who is not part of the executive function.
LLS US	STATE FARM'S PETITION FOR REVIEW OR RECONSIDERATION AND REJECTION OF

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# III. DISCUSSION

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### A. Proposition 103 Makes "Insurance Commissioner" An Elected Position And Assigns Authority To Approve Rates To That Official. The Commissioner Holds The Authority To Approve Rates Without A Hearing, Including Pursuant To Compromise.

Proposition 103 made the Insurance Commissioner accountable to the people of the State 5 of California by making "Commissioner" an elected position. See CIC § 12900(a), "The 6 commissioner shall be elected by the people in the same time, place and manner as the Governor 7 not to exceed two four-year terms." (added by Proposition 103) In that office, the Commissioner 8 has broad authority—bounded by statute, but still broad—to take "whatever steps are necessary to 9 reduce the job [of rate regulation] to a manageable size." Calfarm Ins. Co. v. Deukmejian, 48 10 Cal. 3d 805, 824 (1989). "The job" has proved formidable, and would not be manageable without 11 resolution of most rate applications in the course of pre-hearing review. Indeed, the California 12 Supreme Court relied on the Commissioner's ability to resolve rate applications without a hearing 13 in holding that Proposition 103 did not overly encumber insurers through burdensome 14 processes—which could violate Due Process requirements—*because* very few rate applications 15 would have to be resolved through a hearing. *Calfarm*, 48 Cal. 3d at 824. 16

That is, not only does Proposition 103 *not* compel the Commissioner to hold a hearing in 17 order to approve rates, it appears from *Calfarm* that this flexibility preserved the Proposition 18 against a Due Process challenge. It bears repeating that the task of rate regulation would not only 19 be "[un]manageable" without the developed settlement process, it would be impossible: other 20 than by simply giving way to the "deemer" process included by statute. This includes the 180 21 day deemer, which applies even as to rate applications requesting a rate greater than the 22 thresholds stated in CIC § 1861.05(c)(3) ("In any event, a rate change application shall be 23 *deemed approved* 180 days after the rate application is received by the commissioner (A) unless 24 the rate change application has been disapproved by the commissioner subsequent to a hearing, or 25 (b) extraordinary circumstances exist." (emphasis added)) *None of* the rate applications at issue 26 were resolved or noticed for hearing within 180 days after the rate applications were received by 27 the Commissioner, and they would have been resolved by deemer without the longstanding 28 5

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process, which includes "waiver" of the deemer.

2 The fundamental flaw in the ALJ's decisions is the premise, contrary to law and actual 3 practice, that the rate approval process is not full, fair, thorough, complete, and transparent, 4 without ALJ review. That is far from the truth. CDI has substantially increased its staff of actuaries (initially, there was one) and Rate Division staff thoroughly reviews every rate 5 6 application. That review plays out through the "objection and response" process in SERFF, 7 which is public and observable by anyone with the interest to check in via the CDI website virtual 8 viewing room. Every single concern raised by CDI staff can be reviewed and traced through by 9 following the rate application on SERFF. When an intervenor has submitted a petition for leave 10 to intervene and petition for hearing, CDI hosts meetings amongst all of the parties to discuss the 11 parties' differences. CDI circulates a chart showing a comparison of the parties' indications 12 down to the level of the different rate components driving the ultimate indication. The parties 13 then discuss those differences and similarities, with the actuaries explaining what they see as the 14 key issues. If the parties can reconcile their differences, there is a "settlement stipulation." If the 15 parties cannot, either the Commissioner approves a rate over objection, or, if the rate is above the levels set forth in CIC § 1861.05(c), the Commissioner issues a Notice of Hearing. 16 17 To underscore, as in any case, administrative or civil, the point of a hearing is to resolve 18 disputes. If there is not a dispute, there is no need for a hearing.

19 State Farm agrees with CDI that the regulations as amended in 2006 (to provide for 20 compensation at the pre-hearing resolution stage) expressly allowed for that negotiation stage to 21 exist. All of 10 CCR §§ 2652.5, 2653.3 and 2653.4 provide that Petitions for Hearing, the CDI's 22 response to any such Petition, and an Answer to a Petition for Hearing by the Applicant "shall not 23 be filed with the Administrative Hearing Bureau." That is to make room for a pre-hearing phase 24 by which rate applications may be resolved, without need for a hearing. After all, the entire point 25 of the 2006 regulations was to allow intervenors to be compensated for their work during the pre-26 hearing negotiation and resolution phase. There would have been no need for amendment to 27 allow for compensation if that stage didn't exist, and all applications were, rather, resolved

pursuant to "hearings" in which ALJs are appointed.

2 The ALJ decisions point to a short passage in Association of California Insurance Companies v. Poizner, 180 Cal. App. 4th 1029 (2009), in which the Court addresses an allegation 3 by appellants that the regulatory amendments (allowing compensation to consumers for 4 5 participation in the pre-hearing negotiation process) would allow "backroom" deals. Id. at 1052. 6 From that day to this, or rather until the October 18, 2024 decisions, at no time did anyone ever 7 suggest that the established process for resolving rate applications without a hearing constituted a 8 "backroom scenario". See October 18, 2024 Decisions Awarding Compensation in RFC-24-003 9 (at p. 28), RFC-24-004 (at p. 34), and RFC-24-005 (at p. 33) (Bates Nos. 00199\_AHB, 10 00317 AHB, and 00430 AHB of accompanying Record). Allowing compensation to 11 intervenors when applications are resolved before a hearing—which means *before a Notice of* 12 *Hearing triggering appointment of an ALJ*—was the whole point of the 2006 amendments. If a 13 process is sufficiently open that it allows for compensation to intervenors for their contributions, it is hard to see how that can be a "backroom scenario." 14

15 The regulatory amendments are designed specifically to allow for intervention in the prehearing process. The object of that process is to establish a means for efficient resolution of 16 17 rate applications by allowing for resolution by settlement rather than hearing. As quoted by the Court in ACIC v. Poizner (from the Initial Statement of Reasons): "'It has been the Department's 18 practice to encourage consumer representatives and applicants to resolve rate challenges 19 20 informally so as to avoid engaging in lengthy formal hearings that benefit no one." 180 Cal. App. 4<sup>th</sup> at 1040. As a part of that informal process, it is perfectly lawful for an intervenor to 21 22 compromise. An intervenor may object (for example) to a proposed 25% increase, but agree (for 23 example) that a 20% increase is justified, following review of relevant information. It matters not 24 whether the intervenor is or is not permitted to withdraw a pleading, the intervenor certainly can 25 say that it does not object to an increase at the lower level, and therefore no longer requests a 26 hearing. CIC § 1861.05(c)(3) does not say there must be a hearing every time a rate application 27 proposes a rate above the threshold percentages. It says there must be a hearing "upon a timely

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request." If the intervenor is satisfied by the compromise and is no longer requesting a hearing,
there is no difference between the application at issue, and one which similarly requested an
increase above the threshold, but garnered no request for hearing. If the voters had intended a
mandatory hearing (as would be the case if there must be a hearing even though the intervenor
withdrew its request), they would have said so.

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Proposition 103 intends and anticipates that the elected Insurance Commissioner protect the rights of California consumers. Through the long-established process for settlement of contested rate applications, the Commissioner does just that, exactly as the Commissioner does when no person intervenes. With or without an intervenor, the public's interests are unchanged, and cannot be said to be harmed by the Commissioner's adherence to a decades old process.

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# B. ALJs Act As Hearing Officers And Cannot Issue Final Decisions.

An ALJ acts as a hearing officer but is separate from other agency officials and does not 12 13 have executive or quasi-legislative functions. CIC § 21.5 authorizes the Commissioner to appoint ALJs to be employed by the Administrative Hearing Bureau, a unit within CDI whose purpose is 14 15 to provide administrative hearings. Under CIC 21.5(b), to maintain separation of functions, ALJs are not to be supervised by the Commissioner. The CDI and its appointed ALJs are subject 16 17 to the administrative adjudication provisions of the Government Code, which apply to all state agencies "except as otherwise expressly provided by statute". Gov. Code § 11310.20(a).<sup>8</sup> As 18 with regular judges and underscoring their quasi-judicial function, ALJs are subject to the Code 19 20 of Judicial Ethics. Gov. Code § 11475.20.

Similar to a judge in a court, ALJs typically preside over adjudicative hearings.
Government Code § 11405.20 defines an "Adjudicative proceeding" as meaning "an evidentiary
hearing for determination of facts pursuant to which an agency formulates and issues a decision".
But, pursuant to Government Code § 11517(c)(1) and (2), an ALJ's decision following an

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<sup>8</sup> See also Gov. Code § 11415.10 (a) ("The governing procedure by which an agency conducts an adjudicative proceeding is determined by the statutes and regulations applicable to that proceeding. If no other governing procedure is provided by statute or regulation, an agency may conduct an adjudicative proceeding under the administrative adjudication provisions of the Administrative Procedure Act."); Gov. Code § 11415.20 ("A state statute or a federal statute or regulation applicable to a particular agency or decision prevails over a conflicting or inconsistent provision of this chapter.").

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adjudicative hearing presided over solely by the ALJ is not final but is a proposed decision that
 must be submitted to the agency head for final decision. These statutes do not apply here because
 there was no notice of hearing.

C. Other Authority That Could Apply Here And What It Would Allow

5 State Farm and the other insurers were not privy to whatever instrument the Commissioner used to convey authority to the AHB to decide intervenor requests for compensation. The 6 7 insurers therefore have no idea what the Commissioner's conveyance of authority says or 8 authorizes. Faced with that situation, State Farm and the other insurers can only analyze the law 9 and make deductions about what was done from what the law allows. Based on this analysis, it 10 appears that the Commissioner lawfully could have a procedure whereby ALJ's review requests 11 for compensation and issue proposed decisions for the Commissioner's review. But by law, ALJs cannot issue final decisions on requests for compensation since the Commissioner is 12 13 statutorily required to decide requests for compensation: See CIC § 1861.10(b) ("The 14 commissioner or a court shall award reasonable advocacy and witness fees and expenses to any 15 person who demonstrates that (1) the person represents the interests of consumers, and, (2) that he 16 or she has made a substantial contribution to the adoption of any order, regulation, or decision by the commissioner or a court. "). 17 18 Other APA statutes authorize the Commissioner to resolve matters without having a 19 hearing. Importantly, Government Code § 11415.60 authorizes decision by settlement "without 20 conducting an adjudicative proceeding". Pursuant to § 11415.60(b), "a settlement may be made before or after issuance of an agency pleading" and "before, during or after the hearing".<sup>9</sup> 21 22 In addition, under Government Code § 11415.50, agency heads "may provide any 23 appropriate procedure for a decision for which an adjudicative proceeding is not required". This 24 provision presumably would authorize the Commissioner to refer intervenor requests for 25 compensation to ALJs for initial review and issuance of a proposed decision. But the ALJ's

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 $<sup>\</sup>begin{vmatrix} 9 \\ \text{Subsection (c) of Government Code § 11415.60 also specifies that "an agency head may delegate the power to approve a settlement". But in the situation presented here, the controlling statute is CIC § 12921(b)(1)(A), which precludes the Commissioner from delegating approval of a settlement involving an insurer.$ 9

1	decision can only be a proposed one because, as stated above, under CIC § 1861.10(b), the final		
2	decision on an intervenor's request for compensation must be made by the Commissioner. Here,		
3 the ALJ's October 18, 2024 Decisions on Consumer Watchdog's requests for compens			
4	not termed "Proposed Decision". Instead each is titled "Decision Denying Request For		
5 Compensation", thereby purporting to be final. They thus are unlawful.			
6	V. PRAYER FOR RELIEF		
7	For all the foregoing reasons, State Farm respectfully requests that the Commissioner		
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9	GRANT the Petition For Review Or Reconsideration, And Rejection Of ALJ Orders AwardingCompensation in full and that the Commissioner issue orders rejecting the ALJ's decisions		
10	presented as RFC-24-003, RFC-24-004, and RFC-24-005 in their entirety. <sup>10</sup>		
11	presented as $KrC-24-003$ , $KrC-24-004$ , and $KrC-24-003$ in their entirety.		
12			
13	Dated: November 12, 2024 HOGAN LOVELLS US LLP		
14			
15	By:/s/ Vanessa O. Wells		
16	Vanessa O. Wells Victoria C. Brown		
17	Attorneys for Applicants STATE FARM GENERAL INSURANCE		
18	COMPANY and STATE FARM MUTUAL AUTOMOBILE INSURANCE		
19	COMPANY		
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25	$\frac{10}{10}$ While we might prefer a more nuanced approach, if the APA applies (and the Department cites APA statutes as		
26	applicable) the Commissioner, other than rejecting the ALJ's Decisions, has only three options: 1) adopt the Decisions in their entirety; 2) make technical or other minor changes in the Decisions; or 3) reduce or otherwise mitigate the penalty and adopt the balance of the Decisions. <i>See</i> Insurance Code § 1861.08(c) and Government Code § 11517 as it existed at the time Insurance Code § 1861.08 was amended in August, 1996 and operative July 1, 1997		
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28	(Exhibit H to RON). Consequently, the Commissioner must reject the Decisions in their entirety. State Farm would like to close out these matters with a final order on compensation, which presumably can be accomplished quickly.		
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1	PROOF OF SERVICE	
2	I, Cathy Perry, declare:	
3	I am employed in the County of San Mateo, State of California. I am over the age of	
4	eighteen years and not a party to the within-entitled action. My business address is 855 Main	
5	Street, Suite 200, Redwood City, California 94063. On November 12, 2024, I caused the	
6	foregoing document(s) described as:	
7		
8	AUTOMOBILE INSURANCE COMPANY'S PETITION FOR REVIEW OR RECONSIDERATION, AND REJECTION, OF ORDERS AWARDING	
9	COMPENSATION	
10	to be served on the interested parties in this action as follows:	
11 12	If electronic-mail service is indicated, by causing a true copy to be sent via electronic transmission from Hogan Lovells US LLP's computer network in Portable Document Format (PDF) this date to the email address(es) stated, to the	
12	attention of the person(s) named.	
13	If Electronic Filing Service (EFS) is indicated, I electronically filed the document(s) with the Clerk of the Court by causing the documents to be sent to	
15	One Legal, the Court's Electronic Filing Services Provider for electronic filing and service. Electronic service will be effected by One Legal's case-filing system at the electronic mail addresses indicated on the attached Service List.	
16	I declare under penalty of perjury under the laws of the State of California that the above	
17	is true and correct.	
18	Executed on November 12, 2024, at Sparks, Nevada.	
19	Executed on November 12, 2024, at Sparks, Nevada.	
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22	Carthy Perry	
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1 2 3 4	<u>SERVICE LIST</u> In the Matter of the Request for Compensation of CONSUMER WATCHDOG File No.: 23-563 (RFC-2024-003) (PA-2023-00006) File No.: 23-613 (RFC-2024-004) (PA-2023-00007) File No.: 23-890 (RFC-2024-005) (PA-2023-00012)		
5	<u>Via E-Mail</u>	Attorneys for Intervenor Consumer Watchdog	
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	Tina Warren		
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