

CERTIFICATION

I, _____, hereby certify that
(signatory)

that after a thorough and diligent search, the attached list of workers' compensation claims for
_____ which indicates the following:

- a. number of open claims is _____
- b. reserves are \$ _____

is true and correct to the best of my knowledge as of the date noted below.

Subscribed and Sealed this _____ day of _____, 20__.

Signature of Designated Official of the
Adjuster, Claims Company

Typed Name and Official Position of the
Designated Official of the Adjuster, Claims or
Third Party Administrator Company or Third
Party Administrator

NAME OF THE ADJUSTER, CLAIMS CO. OR THIRD PARTY ADMINISTRATOR'S PLACE OF BUSINESS

(CORPORATE SEAL OF MEMBER HERE)

(CORPORATE SEAL OF TPA HERE)

SWORN TO AND SUBSCRIBED BEFORE ME BY ABOVE
AFFIANT, THIS THE DATE SHOWN ABOVE:

SIGNATURE OF NOTARY PUBLIC

ADDRESS AND TELEPHONE
NUMBER OF NOTARY PUBLIC:

MY COMMISSION EXPIRES _____

(SEAL OF NOTARY PUBLIC HERE)