

PROOF OF SERVICE FOR WORKERS' COMPENSATION APPEAL
(PARTY SERVICE LIST)
AHB-WCA-____-____

Libio Latimer Interim Supervising Administrative Law Judge Administrative Hearing Bureau Department of Insurance 1901 Harrison Street, 3rd Floor Oakland, CA 94612 Tel No.: (415) 538-4420 Fax No.: (510) 238-7828	
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_____ Contact Person _____ Insurance Company _____ Address _____ City, State, Zip _____ Telephone _____ Fax	Insurer

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