

CALIFORNIA DEPARTMENT OF INSURANCE
HEALTH INSURER DISPUTE RESOLUTION DATA CALL
HIDR-2008
AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____, (*), being duly sworn, deposes and says that he/she is
(name of company official responsible for compilation of data)

the _____ of the _____,
(title of company official) *(company name)*

confirm that the statistical data reported in the 2008 HIDR Data Workbook is a true and accurate compilation of our company's health insurance dispute resolution experience, pursuant to California Insurance Code Sections 10123.137 and 10508.6, for the period covered to the best of his/her knowledge, information and belief.

*(Affiant - signature)**

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by

*(Affiant - print)**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature_____

* Affiant must be company official responsible for the compilation of the data filing.

A COPY OF THIS FORM MUST ACCOMPANY EACH FILING OF EXPERIENCE.