

CALIFORNIA DEPARTMENT OF INSURANCE
LONG-TERM CARE EXPERIENCE STUDY
LTC-2008
AFFIDAVIT FORM

STATE OF _____)

COUNTY OF _____)

_____, being duly sworn, deposes and says that he/she is the
_____* of the (enter company
name)_____, confirm that the statistical data reported in
the 2008 LTC Data Workbook is a true and accurate compilation of the required Long-Term Care
Experience Data for the period covered to the best of his/her knowledge, information and belief.

Affiant

Subscribed and sworn to before me this
____ day of _____, 20____
by_____

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

* Signatory must be the company official responsible
for compilation of statistical data.

A copy of this form must accompany each filing of experience.