

CALIFORNIA DEPARTMENT OF INSURANCE

**LONG-TERM CARE AGENTS DATA CALL
LTCA-2008
(Part 2)**

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____ (*), being duly sworn, deposes and says that he/she is the

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

that the long-term care agent and other insurer representative information reported in the LTCA-2008 (Part 2) Data Workbook is a true and accurate compilation of the information required under CIC 10234.93 (a) (3) 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.**