

**2008 LONG-TERM CARE INSURANCE
CONSUMER RATE GUIDE
(LTC/RG)**

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____ (*) , being duly sworn, deposes and says that he/she is the _____ of the _____ Company; that the statistical data reported in the 2008 LTC Rate Guide Data Workbook is a true and accurate compilation of the required Long-Term Care Insurance rate history and sample premium data for the period covered to the best of his/her knowledge, information and belief.

Affiant

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

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

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