CALIFORNIA DEPARTMENT OF INSURANCE  
LONG-TERM CARE EXPERIENCE STUDY  
LTC-2009  
AFFIDAVIT

STATE OF ____________________________ )

COUNTY OF __________________________ )

___________________________________________ (*), being duly sworn, deposes and says that he/she is
(Affiant, print: 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 2009-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, pursuant to California Insurance Code Sections 10232.3(h), 10234.86, 10234.95(i) and
10235.9.

________________________________
(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 collection of the data filing.