

**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 compilation of the data filing.

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