

**CALIFORNIA DEPARTMENT OF INSURANCE
Statistical Analysis Division**

**MEDICAL SUPPLEMENT INSURANCE
CONSUMER RATE GUIDE
MedSup/RG-2009**

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____, (*), being duly sworn, deposes and says that he/she is the
(name of company official responsible for compilation of data)

_____ of the _____; that the statistical data
(title of company official) *(company name)*

reported in the 2009 Medicare Supplement Rate Guide data workbook is a true and accurate compilation of the required data for the period covered 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.**

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