

Georgia Department of Insurance
Quarterly Claims Data Submission
Affidavit

As a corporate officer of _____, I hereby certify that electronic claims data submitted pursuant to Georgia Insurance Department Directive 2013-EXAM-2, and any representations made relating thereto, for the three-month period ending _____ is true, correct and accurate to the best of my knowledge and belief. Furthermore, I certify that this data has been evaluated for reasonableness and consistency and is supported by documentation, which will be made available for the purpose of verification upon request of the Commissioner.

Notary Seal Required

Name of Corporate Officer (Print)

This _____ Day of _____ 20____

Signature of Corporate Officer, Date

My Commission Expires _____