

## K-12 Health Benefit Data Collection Statement of Data Validity

*The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that this statement, together with the entity's related response to the data call, exhibits, schedules and explanations therein contained, annexed or referred to, or any other document or information produced for the reporting period attests that this is a full and true statement of the information requested through the instructions on the commissioner's website and the requirements set forth in the rules governing the data call pursuant to chapter 172 RCW, laws of 2010.*

\_\_\_\_\_  
*Signature of Authorized Officer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Authorized Officer (print)*

\_\_\_\_\_  
Title of Authorized Officer

\_\_\_\_\_  
Name of Carrier

\_\_\_\_\_  
NAIC #