

Company Name: _____

Company NAIC No: _____

Texas Call for Annual Experience and Workers' Compensation Deductible Plans – 2024

A F F I D A V I T

THE STATE OF _____

COUNTY OF _____

I, _____, the (position) _____
of _____

being duly sworn, depose and say that, to the best of my knowledge, all of the information my company has provided in response to the subject data call, including any related exhibits, schedules, and explanations attached, annexed, or referred to, comprises a complete and accurate response to the data call.

Signature

Subscribed and sworn to before me this the ____ day of _____, 20__

Signature - Notary Public

Printed Name of Notary Public

My Commission Expires:
