## Trustee Confirmation of Receipt for Liability Self-Insured Group Quarterly Financial Statements

I, \_\_\_\_\_\_ affirm that I held the position of Trustee for

\_\_\_\_\_ as of the quarter ended \_\_\_\_\_,

and hereby acknowledge receipt of a copy of the financial statements for that reporting

period.

Signature

Date

This form is to be completed by all trustees holding the position at the end of each of the three quarterly reporting periods within a fund year. The deadline for the receipt is 75 calendar days after the close of each quarterly reporting period.

Mail completed forms to:

U.S. Mail:	Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 Attn: Financial Standards and Examination Division
Express:	Kentucky Department of Insurance 215 West Main Street Frankfort, KY 40601 Attn: Financial Standards and Examination Division

Form 101 LSIG (rev 10/2015)