

## **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

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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  
500 Mero Street  
Frankfort, KY 40601  
Attn: Financial Standards and Examination Division