

Missouri Department of Insurance

Workers' Compensation Rate Filing Diskette Submission Form

I hereby certify that I have investigated the qualifications of this filing and that the submitted data meets all requirements under this State's insurance statutes and regulations. I certify that the submitted diskette has been checked for viruses by an anti-virus software package and does not contain any viruses.

_____	_____
Authorized Signature*	Date
_____	_____
Title	Phone
_____	_____
Company	_____

	Address

* May only be signed by an individual with authority pursuant to the power of attorney on file with the regulatory authority.