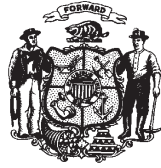


**Wisconsin Healthcare
Stability Plan (WIHSP)
AFFIRMATION OF BENEFIT YEAR
QUARTER 1, 2019 DATA**

Ref: Section 601.83, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0107 • (800) 562-5558
oci.wi.gov

Due within 45 days following the end of each quarter.

| |
|-----------------|
| Name of Insurer |
|-----------------|

AFFIRMATION

I hereby affirm the data template containing eligible reinsurance claims information for Quarter [X], [20XX] was completed by myself or supervised staff. I certify to the best of my knowledge, information, and belief the information recorded is accurate, complete, and in compliance with s. 19.11, Wis. Adm. Code.

| | |
|--------------|--------------|
| Signature | Date |
| Name (Print) | Title |
| Email | Direct Phone |