EXPERIENCED CLAIMS ADJUSTER or EXPERIENCED MEDICAL-ONLY CLAIMS ADJUSTER DESIGNATION

This Designation is awarded to

Katherine Baker
(Adjuster's Name)

for: ☒ **Experienced Claims Adjuster**

☐ **Experienced Medical-Only Claims Adjuster**

as a result of meeting the experience requirements for workers' compensation claims experience pursuant to California Insurance Code Section 11761 and California Code of Regulations, Title 10, Sections 2592.01 ad 2592.05

Total Years of California Experience At Time of Designation: 7.1

and/or

Date Completed Examination Pursuant to Title 8, CCR Section 15452: _____

Designation Given By:

STATE COMPENSATION INSURANCE FUND
(Name of Insurance Company, Self-Insured Employer, or Third-Party Administrator)

February 22,2006
(Date)

R.W. Ehle Jr.
(Signature)

Name of person awarding designation (print or type): **R.W.Ehle Jr.**
Title of person awarding designation: **Claims/Rehabilitation Program Manager**
Business address: **1275 Market Street, San Francisco, CA 94103**
Note: Authority cited: Section 11761, Insurance Code. Reference cited: Section 11761, Insurance Code