pennsylvania
INSURANCE DEPARTMENT

EXAMINER DESCRIPTION OF SERVICES

COMPANY:			
EXAMINER:			
BILLING PERIOD:	Starting Date: through	**HOURLY RATE**	

DATE	DESCRIPTION OF WORK PERFORMED		TIME

TOTAL HOURS 0

TOTAL HOURLY FEE $ $ 0.00 -

I certify that this is a true and accurate report of the description of work that was performed for the above mentioned company during the billing period specified. The time that is reported for the work completed on this exam is true down to .25 of an hour.

Signature **Date**