EMPLOYERS' CERTIFICATE OF SELF INSURANCE

THE ALASKA WORKERS' COMPENSATION BOARD

Has issued this certificate of self-insurance to

STATE OF ALASKA PO BOX 110218 JUNEAU AK 99811-0218

Certificate effective from May 1, 2019 through May 1, 2020

ALASKA WORKERS' COMPENSATION BOARD

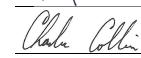


Designated Chairman Grey Mitchell

Member Bradley S. Austin

Member Charles Collins, Jr.

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TO THE EMPLOYEES OF THE ABOVE:

Your employer is authorized to directly pay benefits for job-connected injuries, illnesses, or death as provided by the Alaska Workers' Compensation Act.

Immediately (not later than 30 days from injury or fatality) give your employer and the Alaska Workers' Compensation Board written notice of a job related injury, illness or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about an injury or claim, contact the employer's claims adjuster

Penser North America, Inc. PO Box 241148, Anchorage, AK 99524 Office Phone: 1-888-437-5582; Fax: 360-455-0377

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the Alaska Workers' Compensation Board at the nearest office listed below:

ANCHORAGE 3301 Eagle Street, Ste. 304 Anchorage, Alaska 99503 (907) 269-4980 FAIRBANKS 675 Seventh Ave., Sta. K Fairbanks, Alaska 99701-4531 (907) 451-2889 JUNEAU 1111 W. 8th St., Rm 305 Juneau, Alaska 99801 (907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 REQUIRES THAT YOU POST THIS NOTICE IN THREE PLACES ON THE EMPLOYER'S PREMISES.