WORKER'S COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The	worker'	's compensation	insurance	carrier o	r the	administrator	for

Citadel Servicing Corporation			State Farm and Companies					
(name of company)			(name of insurance carrier or administrator)					
	State Far	m and	Companies					
	(name of carrier/administrator)							
	900 Old River							
	(mailing address)							
Bakersfield, CA 93311								
(city, state, zip)								
	800-749-9703							
(telephone number)								
Paula Risetter, VP HR Manager								
(contact person)								

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana Ombudsman Division 402 W. Washington St., Rm W196 Indianapolis, IN 46204 (317) 232-3808 1-800-824-2667