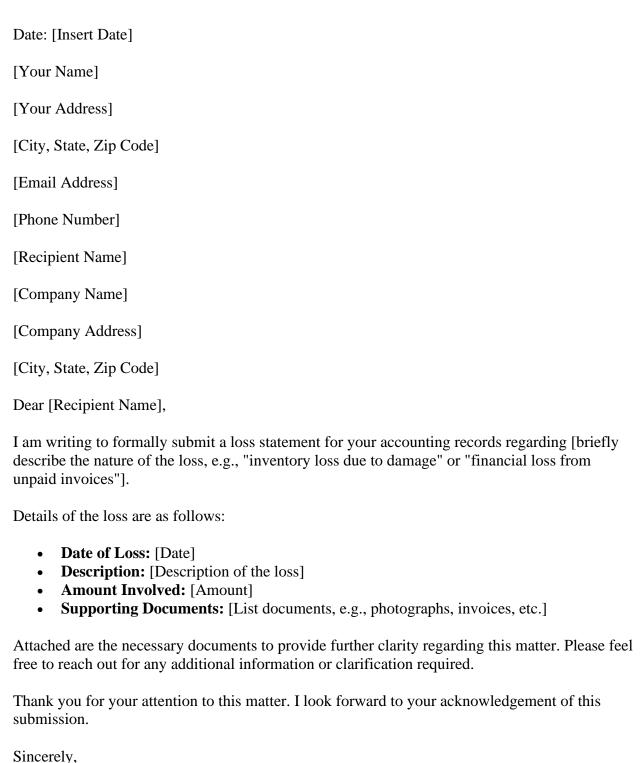
Loss Statement Submission

[Your Name]



[Your Position]

[Your Company Name]