

TEST INSURER 2  
C/O TEST INSURER 2  
123 JENNIFER ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US  
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

Thank you for your recent request to rescind the surcharge assessed on this claim for failing to submit a timely first Supplemental Report, WKC-13. After reviewing the claim and the information received from you the surcharge has been rescinded.

To find out what reports are overdue and to avoid surcharges in the future, go to the Worker's Compensation web site's Insurers' Pending Reports at:  
**[http://dwd.wisconsin.gov/wc/insurance/pending\\_rpts.htm](http://dwd.wisconsin.gov/wc/insurance/pending_rpts.htm)**.

Department of Workforce Development  
Worker's Compensation Division

RS86G (R.11/2014)