

EXHIBIT B
REQUIRED LETTER OF INTENT

Date _____

Mr./Ms./Dr. _____

Title _____

Address _____

City, State, Zip Code _____

Dear Mr./Ms./Dr.: _____

This letter confirms our intent to submit a proposal pursuant to **RFP No. 18-006 WORKERS' COMPENSATION THIRD PARTY ADMINISTRATOR** _____ service
area includes _____. Also, in compliance with the requirements of
the letter of intent, _____ submits the following information:

Contact Person's Name: _____

Contact Person's Title: _____

Phone Number: _____

Fax Number: _____

Tax I.D. Number: _____

DUNS Number: _____

Physical Address: _____

Authorized Official's Email Address: _____

Thank you for your consideration.

Sincerely,

Authorized Official