

GROUP AFFIDAVIT FORM
CERTIFICATION OF BOARD OF FUND COMMISSIONERS

of the

CAMDEN COUNTY INSURANCE COMMISSION

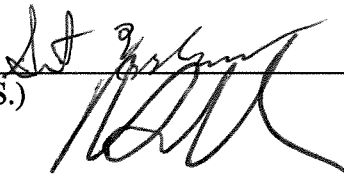
We members of the BOARD OF COMMISSIONERS of the Camden County Insurance Commission, of full age, being duly sworn according to law, upon our oath depose and say:

1.) We are duly elected members of the BOARD OF COMMISSIONERS of the Camden County Insurance Commission.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2011.

3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS – RECOMMENDATIONS

(L.S.)  _____

(L.S.)  _____

(L.S.)  _____

STEVE WILLIAMS
Vice Chairman

The Secretary of the Fund shall set forth the reason for the absence of signature of any members of the BOARD OF COMMISSIONERS.

Important: This certificate must be sent to the Division of Local Government Services, CN 803, Trenton, NJ 08625