

NOTICE

The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of IOWA, hereby gives notice to their employees that they have secured the payment of Compensation to their employees and their dependents in accordance with the provisions of said law, by insuring with

PACIFIC INDEMNITY COMPANY
4 PENN CENTER
1600 JFK BOULEVARD
PHILADELPHIA, PA 19103

DREXEL UNIVERSITY

Employer

Dated _____

By _____

Reference Copy