

Receipt for Payment of Lost or Denied Wages, Employment Benefits, or Other Compensation

U.S. Department of Labor Employment Standards Administration Wage and Hour Division



As computed or approved by the Wage and Hour Division

I, Roloff, Clayton, hereby acknowledge receipt of payment in full from Farmers Insurance Exchange, 10985 Cody Street Suite 240, of unpaid wages, employment benefits, or other compensation due me for the period up to and including 08/07/2007 indicated in the marked box(es):

- Checkboxes for various acts: Fair Labor Standards Act, Employee Polygraph Protection Act, Family and Medical Leave Act, Walsh-Healey Public Contracts Act, H2A, Service Contract Act, Davis-Bacon and Related Act, Contract Work Hours and Safety Standards Act, Title III - Consumer Credit Protection Act, Other. Gross Amount \$1,095.54, Legal Deductions \$, Net amount received \$.

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of back wages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for back wages under Section 16(b) of that Act.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right you may have to bring suit for lost wages and benefits, attorneys' fees and court costs.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for amounts under Section 107(a) of the Act.

Signature of employee

Date Address

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) paid the above-named employee in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed Title (Employer or authorized representative)

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Form WH-58 (Rev. June 2006)