

WORKER'S COMPENSATION NOTICE

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The worker's compensation insurance carrier or the administrator for

Rose International, Inc.

(name of company)

is: CorePointe Insurance Company

(name of insurance carrier or administrator)

Human Resources Department

(name of carrier/administrator)

16305 Swingley Ridge Road, Suite 350

(mailing address)

Chesterfield, MO 63017

(city, state, zip)

636-812-4000, Option 2

(telephone number)

Human Resources, HR@roseint.com

(contact person)

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

**Worker's Compensation Board of Indiana
Ombudsman Division
402 W. Washington St., Rm W196
Indianapolis, IN 46204
(317) 232-3808
1-800-824-2667**