WORKERS' COMPENSATION NOTICE

The undersigned, an employer within the meaning of the Workers' Compensation Law of the State of Nebraska, hereby gives notice to employees that the employer has secured Workers' Compensation insurance coverage for its employees in accordance with the provisions of said law, by insuring with:

Allmerica Financial Benefit Insurance Company
(Carrier Name)
PO BOX 15144
Worcester, MA 01653
1-800-628-0250

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

Solidus Technical Solutions
NAME OF EMPLOYER

By: Jenn Kibbe

Employer Representative

Dated: 1/2026