

POLICY FORM COMPLIANCE CERTIFICATION

I, [Name of Officer] am a duly authorized officer of [Name of Insurer] and do hereby certify that I am knowledgeable as to the current laws, regulations and circular letters applicable to the policy form(s) identified as [Form Identification Numbers] that is (are) the subject of this filing (hereafter "the policy forms"); that to the best of my knowledge and belief the policy forms are in compliance with such laws, regulations and circular letters. I further certify that this submission is complete and contains all the material required by the applicable laws, regulations and circular letters.

I understand that the Department of Financial Services will rely entirely on this certification in approving the policy forms, and should it subsequently be determined that the policy forms do not comply with the applicable laws, regulations and circular letters, or that this certification is materially false or incorrect, corrective and disciplinary action including retroactive modification, as authorized by law, may be taken by the Department of Financial Services against the company and the officer completing this certification.

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Signature of Authorized Officer

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Date

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Print Name of Authorized Officer

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Name of Insurer

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Title

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Address of Insurer

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Direct Telephone Number

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E-Mail Address