

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
RATES AND/OR RATING PLAN COMPLIANCE CERTIFICATION**

I, _____, a duly authorized officer of _____, do hereby certify that I am knowledgeable as to the law and regulations applicable to the type of rates submitted, and that such rates are in compliance with the applicable law and regulations to the best of my knowledge and belief. I further hereby certify that the information contained in the rate filing sequence checklist indicated in the Master List of Compliance Checklists, as submitted with, and made part of this filing, is true to the best of my knowledge and belief.

I understand that the New York State Department of Financial Services will rely on this certification, and should it be determined that the rates do not comply with the applicable law and regulations, or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the New York State Department of Financial Services against the insurer or rate service organization and the officer completing this certification.

Signature of Authorized Officer

Date:

Name of Authorized Officer:

Title of Officer:

Address of Insurer or Rate Service Organization:

City:

State:

Zip Code:

Direct Telephone Number:

Fax Number:

E-Mail Address:

Insurer File No.: _____

Insurer Program Name: _____

You must furnish a company file number and/or program name

This certification must be accompanied by (i) the filing (ii) the appropriate checklists, and (iii) a completed "Master List of Available Checklists" form.