

CERTIFICATIONS

_____ (company name) _____, through the undersigned authorized representative, hereby certifies that:

The Company is aware that accident and health advertisement submissions may be disapproved, or otherwise give rise to remedies or sanctions, if they fail to comply with applicable law or regulations. *See* 31 Pa. Code § 51.2.

The Company is aware that knowingly filing, or knowingly making any false material statement as to the financial condition of the Company, or knowingly making any false entry of material fact in any book, report or statement of the Company, or knowingly omitting to make a true entry of any material fact pertaining to the Company in a book, report or statement of the Company, to the Department is an unfair method of competition and unfair or deceptive act or practice in the business of insurance. *See* 40 P.S. § 1171.5(a)(5). *See also* 31 Pa. Code §§ 51.22-23.

AND further certifies, as to each below-referenced advertisement submission, that:

The advertisement is drafted to be in compliance with the requirements of 31 Pa. Code §§ 51.1 et seq.

The advertisement is truthful and not misleading in fact or by implication.

The advertisement does not contain words or phrases, the meaning or understanding of which may not be reasonably comprehended by the segment of the general public to which it is directed.

Any reference to premium or discounts within the advertisement is consistent with the rate filing approved by the Department, if applicable.

If the advertisement references a sponsorship or endorsement by a third party, the relationship between the sponsor and insurance company is valid and in good standing.

If the advertisement contains a testimonial, and the person giving the testimony has a financial interest in the company or related entity as a stockholder, director, officer, employee, or otherwise, this information is prominently disclosed in the advertisement.

The issuer, directly or through its producers, has established marketing procedures to assure fair and accurate sales.

If applicable, the advertisement referenced herein meets all applicable requirements of the Uniform Electronic Transaction Act (73 P.S. §§ 2260.101 et seq.).

If applicable, the terms "Medicare Supplement", "MediGap" or similar words are only used when the policy is issued in compliance with 31 Pa. Code Ch. 89, Subchapter K.

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I, _____(authorized representative's name)_____, hereby warrant that I have full, complete and final authority to certify the representations of the Company as set forth herein, that the certifications and representations set forth in this Certification Form are true, correct, and complete.

Form # to which the advertisement relates: _____

Date

Name and Title of Authorized Representative of the Company

Signature of Authorized Representative of the Company