

CERTIFICATION

I hereby certify that the below-referenced policy form submission and related rate filing, required to be in compliance with the requirements of the Patient Protection and Affordable Care Act, P.L. 111-148, 124 Stat. 119, and the Health Care and Education Reconciliation Act of 2010, P.L. 111-152, 124 Stat. 1051, together and as modified referred to as the ACA, have been drafted or modified to be in compliance with the ACA and the regulations promulgated thereunder.

I am aware that accident and health rates and forms may be disapproved, or otherwise give rise to remedies or sanctions, if they fail to comply with applicable law or regulations. *See, e.g.*, 40 P.S. §3801.304(b); 40 P.S. §1171.5(a)(5)(prohibiting knowingly filing a false statement of material fact with a supervisory or public official).

I hereby warrant that I have full, complete and final authority to attest to the representations of the Company as set forth herein, and do hereby attest that the representations set forth in this Compliance Checklist and Certification Form are true, correct and complete.

Policy Form # _____

Date

Name and Title of Authorized Representative of the Company