

CERTIFICATE OF AN OFFICIAL

I, _____ ,
(Name of Official) *(Position held)*
of _____ (the "Insurer")
(Official Name of Company)

CERTIFY THAT:

1. I have knowledge of the matters that are the subject of this certificate/form.
2. The changes requested are in compliance with the *Forms Filing Guidelines*.
3. The information and each document contained in the filing accompanying this certificate are complete and accurate.
4. If the filing is approved, all forms provided to an Insured by the Insurer will, at all times and in all material respects, accurately reflect and conform to the filing as approved, whether such forms are produced manually or otherwise.
5. I have informed myself as to the Insurer's business systems and processes and confirm that any system or process changes that may be required to enable the Insurer to comply with paragraph 4 above, will be adequately tested in advance and fully communicated to staff and intermediaries and implemented by the Insurer in a timely manner.

Signature of Official

Date, Location