***(Company Name)***

**Certification of Information**

**Quarterly Comprehensive Health Reporting**

**Quarterly Reporting for the \_\_\_\_\_\_\_ Quarter of the Year 20**

**Scope Period: \_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_**

 (*Beginning Date through Ending Date)*

I,  *(Name of Company Officer – Must be NAIC recognized)* , do hereby certify that I am currently the  *(Title)*  of  *(Company Name)* and as such do hereby certify that the responses on the attached report are true and accurate regarding the Company’s Compliance with the Quarterly Comprehensive Health Reporting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Company Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title – Must be an NAIC- recognized officer

## Subscribed and sworn to before me on this day of

##  , 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Notary Signature*), Notary Public

(Please include your printed name, ink stamp or highlighted seal)