COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

CERTIFICATION OF COMPLIANCE WITH MONTANA LAW

To the best of my knowledge and belief, and under penalty of § 33-1-317, I certify that the forms submitted in this filing comply with Montana code and regulatory requirements. I also certify this checklist is true and accurate.

Company Name: _____

SERFF #: _____

Policy Type: _____

Signature of Officer or Authorized Representative: _____

Printed Name: _____

Title: _____

Date: _____