

Oklahoma Certificate of Compliance

I, the undersigned authorized officer, a duly authorized officer of Company, certify that this filing is complete and complies with the Oklahoma laws, Oklahoma Administrative Rules, Oklahoma Insurance Bulletins, Oklahoma Orders and applicable filing requirements and product standards as set forth in the checklists to the best of my knowledge and belief. I understand that the Oklahoma Insurance Department will rely on this certificate and should it be determined that this filing is materially false or misleading, appropriate corrective action will be taken as authorized by the Order.

Name of Company

Company's filing number

Signature of authorized officer and title

Print name of authorized officer and title

Phone number of authorized officer

Date

Address of Company

City, State, Zip Code