

**ALASKA COMPLIANCE CERTIFICATE
FOR
FILE AND USE FORM FILINGS**

Date: _____

Company GROUP Name: _____

Company Group NAIC Number: _____

Company filing ID Number: _____

I am an authorized officer or a state filings manager of the insurer and I certify that, to the best of my knowledge, this filing complies with Alaska's insurance laws.

I understand that, if I submit inaccurate compliance certificates, the director may require future filings to be submitted for prior approval. I also understand that, if I submit a materially false or misleading compliance certificate, civil penalties may be applied.

Title: _____

Name: _____

Signature: _____