

NAIC Company Code: _____
Contact Person: _____
Phone Number: _____
E-mail: _____

STATE OF MARYLAND

CERTIFICATE OF COMPLIANCE
Advertising

Pursuant to COMAR 31.15.02.18, I _____,
(Print Name)

an authorized officer of _____,
(Name of Company)

hereby certify to the best of my knowledge, information, and belief, that the advertisements which were disseminated by this Company during the preceding statement year of 20____, complied or were made to comply in all respects with the provisions of the Insurance Laws of Maryland and the regulations issued thereunder by the State Insurance Commissioner.

The Advertising File referenced in COMAR 31.15.02.18A is maintained by the above Company at the following location:

I further attest that I am an authorized officer with authority to certify this form.

Signature: _____

Title: _____

Date: _____