



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

**REQUIRED
for ALL Insurers
filing an Annual
Statement.**

Certificate On Advertising

In accordance with 806 KAR 12:010, Section 18 (2), the following statement is made:

The undersigned, an authorized officer of

_____ (Name of Insurer)

charged with the supervision and dissemination of advertising for said insurer, does hereby certify that, to the best of his/her knowledge, information and belief, the advertisements, advertising material, sales literature and sales aids which were disseminated by aforesaid insurance company, during the year _____, concerning any policy described in 806 KAR 12:010 complied or were made to comply in all respects with the insurance laws of the Commonwealth of Kentucky as implemented and interpreted by the advertisement regulations enacted pursuant to laws, including (but not limited to) 806 KAR 12:010; or the aforesaid insurance company, during the year _____, did not advertise or sell in Kentucky any policy described in 806 KAR 12:010.

_____ (DATE)

_____ (NAME)

_____ (TITLE)

_____ (INSURANCE COMPANY)