

**Kentucky Department of Insurance  
Division of Health Insurance Policy and Managed Care**

**Affidavit**

STATE OF \_\_\_\_\_ )  
 ) **Sct.**  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, having first being duly sworn, depose and say as follows:  
(Please Print)

A. I am an executive officer of \_\_\_\_\_,  
(Company)  
whose NAIC# is \_\_\_\_\_  
and principal address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and am duly authorized to make this Affidavit on its behalf.

B. I declare that the information reported pursuant to the HIPMC-CP-3, copies of which are attached hereto and incorporated by reference herein for all purposes, is true and correct.

C. I further declare that if, at any time, I become aware that information contained in the attached letter is incorrect, I shall immediately disclose the discrepancy in writing to the Kentucky Department of Insurance.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[Notarial Seal] Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My commission expires: \_\_\_\_\_