COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE

INDIVIDUAL HEALTH FORMS
ACTUARIAL CERTIFICATION FORM

Company Name: _____ NAIC No. _____

Form Number(s) to which certificate applies: _____

_____

_____

I have prepared or supervised the preparation of the actuarial memorandum for the above policy(ies). I certify that the rates filed were determined and calculated in compliance with all applicable laws and regulations of Kentucky, the Actuarial Standards of Practice and that the anticipated loss ratio(s) submitted herein is expected to develop over the period for which the rates are computed and that the benefits provided in the policy form(s) are reasonable in relation to the premiums charged.

_____ _____
Date Signature of Actuary

_____
(Type name of person signing above)

_____
(Type title of person signing above)