

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

Affidavit

COMMONWEALTH OF KENTUCKY)

) Sect.

COUNTY OF _____)

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

A. I am the Chief 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 contained in the attached letter and incorporated 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)
Chief Executive Officer

Address (if different from above): _____

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

[Notarial Seal] Notary Public, _____ County, Kentucky

My commission expires: _____