<u>Cabinet for Health and Family Services</u> [Kentucky Department of Insurance] <u>Office of Health Data and Analytics [Division of Health Insurance Policy and Managed</u> <u>Care</u>]

GUARANTEED ACCEPTANCE PROGRAM (GAP) DATA CERTIFICATION FORM

I,		, certify that the in	, certify that the information contained in	
		this report for		
	(Company Name)	,(NAIC#)	_ is valid and accurate.	
	Reporting Period: (Check one)	Monthly:	Annual:	
	For Monthly GAP reports, state the:	(Month)	(Year)	
	For Annual GAP reports, state the: _	(Calendar Year)		

(Signature)

(Date)