

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

_____ Name of Company	_____ Company's filing number or the primary form number for the filing
_____ Signature of authorized filer	_____ Date
_____ Print name of authorized filer	_____ Address of Company or authorized filer
_____ Title	_____ City State ZIP
_____ Direct telephone number of authorized filer	_____ E-mail address of authorized filer
_____ Toll free or collect phone number	_____ Fax number of authorized filer
_____ Signature of authorized officer and title	_____ Date
_____ Print name of authorized officer and title	_____ Date