

**CERTIFICATE OF TRUE AND ACCURATE RATE FILING**

I, \_\_\_\_\_, \_\_\_\_\_  
(Print or type name) (Print or type title)

*Section 627.062(9) requires that this form must be signed by either the Chief Executive Officer or Chief Financial Officer, as well as the Chief Actuary.*

and

\_\_\_\_\_ Chief Actuary\*,  
(Print or type name)

pursuant to Section 627.062(9), Florida Statutes, under oath, do swear and attest, based upon the signing officer's and actuary's knowledge, under penalty of perjury, that:

1. We have reviewed the foregoing rate filing;
2. The rate filing does not contain any untrue statement of a material fact, or omit to state a material fact necessary in order to make the statements made, in light of the circumstances under which such statements were made, not misleading;
3. The information contained in the rate filing relating to the factors described in s. 627.062(2)(b), F.S., including, but not limited to, investment income, fairly represents in all material respects the basis of the rate filing for the periods presented in the filing; and
4. The filing reflects all premium savings that are reasonably expected to result from legislative enactments and are in accordance with generally accepted and reasonable actuarial techniques.

\_\_\_\_\_  
(Signature) Chief Executive Officer

or

\_\_\_\_\_  
(Signature) Chief Financial Officer

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) Chief Actuary

\_\_\_\_\_  
(Print Name)

\* Chief Actuary means an actuary, as defined in Section 627.0645(8), Florida Statutes, that is either employed by the insurer as the Chief Actuary or, if the insurer does not employ a Chief Actuary, is the primary consulting actuary involved in the preparation and review of this rate filing.

**Notarization of Officer (CEO or CFO):**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_  
\_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Notarization of Chief Actuary**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires: \_\_\_\_\_