

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
Frankfort, KY 40602-0517**

**ATTACHMENT A  
CERTIFICATION**

I, \_\_\_\_\_,  
(qualified actuary who prepares and signs the actuarial memorandum)

**certify that the information in this filing is prepared in accordance with American Academy of Actuaries Actuarial Standard of Practice No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans, applicable to individual as well as small employer business and that all the proposed rates are in compliance with KRS 304.17A-0952 and 304.17A-0954.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)