

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE

INDIVIDUAL HEALTH FORMS
ACTUARIAL CERTIFICATION FORM

Company Name: _____ NAIC No. _____

Form Number(s) to which certificate applies: _____

I have prepared or supervised the preparation of the actuarial memorandum for the above policy(ies). I certify that the rates filed were determined and calculated in compliance with all applicable laws and regulations of Kentucky and that the anticipated loss ratio(s) submitted herein is expected to develop over the period for which the rates are computed and that the benefits provided in the policy form(s) are reasonable in relation to the premiums charged.

Date

Signature of Actuary

(Type name of person signing above)

(Type title of person signing above)