

Exhibit B

State of Illinois

Actuarial Certification

Company: _____

Submission: _____

Form Number(s): _____

I hereby certify that the above submission conforms to generally accepted actuarial principles, standards and guidelines, that the reserves, including a test for deficiency reserves, and non-forfeiture benefits, if applicable, comply with all statutes, rules and regulations of the state of Illinois, and that premiums, if any, are not excessive, inadequate, unfairly discriminatory, or unreasonable in relation to benefits provided.

Signature of qualified actuary: _____

Name (typed or printed): _____

Title: _____

Direct Telephone Number: _____

Date: _____

(This certification does not change an insurer's responsibility to comply with the Insurance Code. Failure to comply with all applicable provisions of the Code will cause an insurer to be subject to penalties ranging from suspension of authority to utilize the expedited process, discontinuation of authority to use the rate, examination, monetary penalties, or limitation or revocation of their certificate of authority. Insurers should be aware that the assignment of such penalties will be liberal to ensure continued compliance with all Code requirements.)