

Exhibit A

**State of Illinois**

**Certification of Compliance**

Company: \_\_\_\_\_

Form Number(s): \_\_\_\_\_

Form Title(s): \_\_\_\_\_

I, \_\_\_\_\_, am a duly authorized officer of the above insurer, and do hereby certify that I am knowledgeable as to the current laws, regulations, checklists, and bulletins applicable to the policy form(s) identified above that is (are) the subject of this filing (hereafter “the policy forms”), and that the policy forms are in compliance with such laws and regulations. I further certify that this submission is complete and contains all materials required by applicable laws, checklists, and bulletins.

I understand that the Insurance Department will rely on this certification in approving the policy forms listed above, and should it subsequently be determined that the policy forms listed above do not comply with the applicable laws, regulations, checklists, and bulletins or that this certification is materially false or incorrect, corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the Department against the company and the officer that completed this certification.

**Signature of Corporate Officer:** \_\_\_\_\_

**Signature of Company Compliance Officer:** \_\_\_\_\_

**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 of the form(s), 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.)**