



LOUISIANA DEPARTMENT OF INSURANCE COMPLIANCE AFFIDAVIT

Filed With
Amendatory Rider(s), Endorsement(s), Optional Endorsement(s) or Rider(s)
To
Previously Certified or Approved Health Insurance Policy Forms

The undersigned, possessing authority to act on behalf of the Insurer named below, hereby swears and affirms, that the Amendatory Rider(s), Endorsement(s), Optional Endorsement(s) or Rider(s) filed herewith are so filed for the purpose of altering an insurance product which was originally certified or granted affirmative approval in SERFF by the Louisiana Department of Insurance; that this filing includes:

1. specimen copies of the most current of any and all pertinent previously approved or certified forms, with the specific terms and provisions being amended, underlined in red or similarly emphasized;
2. a detailed list that includes the Louisiana Department of Insurance state tracking number and/or the SERFF tracking number;
3. the date of approval for each previously approved or certified form;
4. the form number for each previously approved policy form to which the amendment, endorsement, optional endorsement or rider applies; and

that the subject insurance product, if amended by the amendment(s), endorsement(s), optional endorsement(s) or rider(s) filed herewith, will be fully compliant with all pertinent statutes, rules and regulations.

By: _____ Date: _____

Printed Name*: _____ Title: _____

Insurer: _____

Sworn to and subscribed before the undersigned Notary Public on the _____ day of _____, 20__ ,
in the city of _____, state of _____.

NOTARY PUBLIC

Typed, Printed or Stamped Name of Notary Public

Notary Identification or Attorney Bar Roll Number _____

My Commission Expires _____

*Christian name and surname stated in full and not initial letters alone or the full names of the party and not initial letters alone.