

Exhibit B – Company Certification

**State of Illinois**

**PPACA Certification of Compliance**

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

Company Filing Number: \_\_\_\_\_

I, \_\_\_\_\_, am a duly authorized officer of  
\_\_\_\_\_  
(Company Name), and hereby certify that I am knowledgeable concerning requirements necessary to comply with federal PPACA and associated health care reform legislation, and that the policy forms contained herein, along with associated documents, conform with the Department’s PPACA Endorsement Template contained in Exhibit A, and with the Department’s Filing Directions contained within Exhibit C – Filing Directions. I further certify that this submission is complete and contains all materials required by the PPACA Endorsement Template.

I understand that the Illinois Department of Insurance will rely on this Certification of Compliance for the policy forms listed, and should it subsequently be determined that the policy forms listed do not comply with Exhibit A or that this certification is false or incorrect; corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the Department against the Company.

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

**Name of Corporate Officer (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.)**

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

Company Filing Number: \_\_\_\_\_

SERFF Filing Number (if applicable): \_\_\_\_\_

(Please list all forms to which the filed endorsement will be applied.)

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

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

Company Filing Number: \_\_\_\_\_

SERFF Filing Number (if applicable): \_\_\_\_\_

(Please list all associated document filed with the endorsement.)

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

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