

**ILLINOIS
CERTIFICATION OF COMPLIANCE FORM
ACTUARIAL JUSTIFICATION FOR TREATMENT OF
CONSUMERS WITH LACK OF OR
INCOMPLETE CREDIT HISTORY**

I, (Name of Officer – please type) _____, a duly authorized officer of (Name of Insurer – please type) _____, do hereby certify that I am knowledgeable of Illinois Public Act 93-0477 and its requirements for treatment of applicants and insureds who have no credit history, or for whom the insurer is unable to calculate a credit score or an insurance score, and the insurer's actuarial methodologies applied to such risks, and that I am authorized to certify on behalf of the insurer making this filing, and that, to the best of my knowledge and belief, the insurer's decision to treat such consumers according to the provisions in the insurer's rate and rule filing is actuarially justified and based on sound actuarial principles.

I understand that the Illinois Department of Insurance will rely on this certification to deem the insurer's filing compliant with Public Act 93-0477, and should the Department determine that the filed treatment of such risks is not actuarially justified, or that this certification is materially false, misleading, or incorrect, the Department will, as authorized by law, take appropriate corrective and disciplinary action against the insurer and the officer completing this certification.

Signature of Authorized Officer

Date

Name of Authorized Officer (print) _____

Title of Officer _____

Insurer Name _____

FEIN _____

Address of Insurer _____

City _____

State _____

Zip _____

Direct Telephone Number _____

Fax Number _____

Email Address _____

Filing Number that Applies to this Filing _____