



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

Mailing Address:
 Financial Conditions
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 Charleston, WV 25305-0540

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 www.wvinsurance.gov

Location:
 Financial Conditions
 1124 Smith Street, Rm 102
 Charleston, WV 25301

NAIC Company Code: _____
 Contact Person: _____
 Phone Number: _____
 E-Mail: _____
 Date: _____

CERTIFICATE OF ADVERTISING COMPLIANCE

(Form to certify compliance with Statute or Administrative Code governing advertising of accident and sickness insurance.)

114 CSR 10

I certify to the best of my knowledge, information and belief that the advertisements which were disseminated by the _____
 Name of Company
 during the preceding statement year complied or were made to comply in all respects with the provisions of the laws of the State of West Virginia as implemented or interpreted by 114 CSR 10.

The Advertising File for said year, as required by 114 CSR 10, is located at:

 Address where files are kept

I further attest that I am an officer of said insurance company with authority to certify this form.

 Signature

 Print Name – President or CEO