

**CERTIFICATION
OF
ADVERTISING COMPLIANCE**

MEDICARE SUPPLEMENT INSURANCE POLICIES

_____ hereby
Insurer

certifies that this filing complies with Chapter 431, Article 10A and Section 431:13-103, Hawaii Revised Statutes, and Hawaii Administrative Rules, Chapter 16-12-12, Medicare Supplement Insurance Minimum Standards.

Signature

Type name and title (must be an **officer**)

Date

Line of Insurance: _____

Subline: _____

Policy Form Number:
