



California Department of Insurance

Affidavit

Company Tracking Number¹:

Application Type:

Company Name²:

Group Name:

Title of Declarant:

Name of Declarant:

Telephone # of Declarant:

As set forth above, I am employed with the above-referenced group, and I am authorized to execute this Affidavit on its behalf. I have made reasonable efforts to review the information filed in the above-referenced application as well as relevant documents, records, and information possessed by or known to the group. Based on such review, I declare under penalty of perjury under the laws of the State of California, that the information filed in the above referenced application is true, complete, and accurate, and that no form of price optimization, whether in a model or by any methodology, has been used in the development of the filed rates for any segment of the filed rating plan. I declare under penalty of perjury that the Excel templates submitted in the filing have not been altered in any way not expressly authorized by the Prior Approval Rate Filing Instructions.

Authorized Electronic Signature:

Date:

¹"Company Tracking Number" is the "Co Tr Num" listed on SERFF to identify the application.

²For applications in which multiple companies are included (group filings), provide the first listed company on the application.