



COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

Michael Conway
Commissioner of Insurance

**Uniform Certificate of Authority Application
CERTIFICATE OF COMPLIANCE**

**State of Colorado
Office of Commissioner**

I, **Michael Conway**, hereby certify that I am the **Insurance Commissioner** of the State of Colorado and have supervision of insurance business in said State and, as such, I certify that Access Connected Care Partners, Inc. (NAIC 15106), of the State of Colorado, is duly organized as a Life Insurance Company under the laws of the state and is authorized to transact the business of: Accident and Health.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office at the City and County of Denver this 5th day of January 2026.



Michael Conway

Commissioner of Insurance

