



COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws and regulations of this state. The filing complies with all applicable Actuarial Standards of Practice. I hereby certify in my opinion that the data reported within the Actual Rebate and Actual Discount Reporting Template is accurate.

Signature:_____ Title:_____

Printed Name:_____ Date:_____

*Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign. Please follow the stipulations laid out in § 24-71-101 C.R.S.