

**CERTIFICATION
OF
ADVERTISING COMPLIANCE**

MEDICARE SUPPLEMENT INSURANCE ADVERTISEMENTS

_____ hereby
Insurer

certifies that the advertisements in 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

Policy Form Number:

Advertising Form Number:

The State Tracking ID number(s) for the above referenced policy form number(s) are as follows:
