



STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE  
FINANCE DIVISION  
1 Commerce Way  
Little Rock, Arkansas 72202  
(501) 371-2665

**ADVERTISING CERTIFICATE OF COMPLIANCE**

I, \_\_\_\_\_, \_\_\_\_\_ hereby certify that to the best of my  
(Name of Authorized Officer) (Title)

knowledge, information and belief, the advertisements (if any) pertaining to life insurance, which were disseminated by :

\_\_\_\_\_  
(Name of Company)

during the period of January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_, complied or were made to comply in all respects with the provisions of these Rules and Regulations and the laws of the State of Arkansas as implemented and interpreted by these Rules.

Dated at \_\_\_\_\_

the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Authorized Officer of the Company**