

Rate Stabilization Plan Certification

Certification of

Name of Insurance Company/Organization

Filing being certified: _____

Proposed effective date: _____

I, being a qualified actuary, certify that appropriate consideration has been given in this filing to § 38.2-1906 F of the Code of Virginia and to 14 VAC 5-345, et seq. For the purpose of this certification, a qualified actuary is defined as (1) a member in good standing of the American Academy of Actuaries, (2) a fellow or associate of the Casualty Actuarial Society, or (3) an individual who has both the educational background necessary for the practice of actuarial science and at least four years of property and casualty actuarial experience.

I am a qualified actuary in accordance with (1) (2) or (3) above.

I certify that the filing includes information outlining the impact of the proposed capped rate changes over future renewal periods until the capping period ends. In addition, the filing must include information regarding projections of the effects of the caps on premiums, percentage changes, dollar changes, and the number of policies impacted for each future renewal period.

I certify that the proposed transition to the uncapped rates will occur within the time period stated in the rate stabilization rule.

It is understood that the State Corporation Commission will rely on this certification and, should it be determined that the information submitted in this filing does not comply with the provisions of § 38.2-1906 of the Code of Virginia or that this certification is materially false or incorrect, appropriate corrective or disciplinary action, as authorized by law, will be taken by the State Corporation Commission.

Name of qualified actuary: _____

Title of qualified actuary: _____

Signature of qualified actuary: _____

Date: _____

Telephone number: _____

E-mail address: _____