Statement of Intent and Certification for the use of State Product Components with IIPRC Approved Forms - Modified Mix & Match for Application Fillings Only - Pursuant to \$110 of the IIPRC Operating Procedure for the Filing and Approval of Product Filings Insurer Name: This Statement and Certification is part of SERFF Tracking Number: Commission Product Component Form Number(s): The Insurer intends to use the Types of State Product Components identified below with the Commission Product Component(s) shown above. The undersigned, a duly authorized officer of the Insurer named above, hereby CERTIFIES that the combination of the Commission Component(s) with the Types of State Product Components as shown herein does not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses, or exceptions or conditions that unreasonably affect the risk purported to be assumed. Signature of Officer Officer's Printed Name and Title Date Complete this information for all State Products for all Compacting States included in this filling. All General Type(s) of Product Component(s) Unly Approved in Member State? Yes Yes Yes Yes Yes Yes Yes Y	Check	cone: Initial Filing Updated o	r Supplemental Filing		
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State General Type(s) of Product Component(s) Component(s) Listed Duly Approved in Member State? Yes Yes Yes Yes Yes Yes Yes Y	Comple	te this information for <u>all</u> State Products for all Com	pacting States included in this filing.		
Yes Yes	State	General Type(s) o	f Product Component(s)		Component(s) Listed
☐ Yes					Yes
Yes					Yes
☐ Yes					Yes
☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes					Yes
☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes				П	Yes
☐ Yes ☐ Yes ☐ Yes ☐ Yes					Yes
☐ Yes ☐ Yes					
☐ Yes					

☐ Yes

State	General Type(s) of Product Component(s)	All General Type(s) of Product Component(s) Listed Duly Approved in Member State?
		☐ Yes
		☐ Yes