

CERTIFICATE OF THE OFFICER/DESIGNATE

I, _____, _____
(Name of Officer) *(Office held: President, CEO, COO, CFO, or Chief*
Agent for *Canada)*

of _____ (the "Insurer")
(Official Name of Company)

CERTIFY THAT:

1. The filing has been prepared for _____
(Category of Automobile Insurance)
 to be effective January 1, 2004 for optional income replacement benefits and
 other changes to be effective as of _____ for new
(Date of Implementation)
 business and _____ for renewal business.
(Date of Implementation)
2. I have knowledge of the matters that are the subject of this certificate.
3. The changes requested are in compliance with the Bill 198 Simplified Filing Guidelines requirements.
4. The information and each document contained in the filing accompanying this certificate are complete and accurate.
5. The proposed rates are just and reasonable, do not impair the solvency of the Insurer, and are not excessive in relation to the financial circumstances of the Insurer.

Signature of Officer

Date, Location