*Attachment B*

**CERTIFICATE OF COMPLIANCE**

I, *(Printed Name of the President)* President of *(Printed Name of the County Farm Mutual)*, (hereinafter “CFM”), do hereby certify that as of December 31, 2020, the CFM:

 1. Had direct written premiums of less than $150,000, **AND**

 2. Had fewer than 400 policyholders.

Therefore, the CFM meets the conditions of North Carolina General Statute 58-2-165 and will not be filing 2021 quarterly statements with the North Carolina Department of Insurance.

 President

 *(Printed Name of the County Farm Mutual)*

 *(CORPORATE SEAL)*

 *(Signature of the President)*

 *(Date)*

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal, this the \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, 2021.

(Official Seal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_