

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, 20__, 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 20__ quarterly statements with the North Carolina Department of Insurance.

(CORPORATE SEAL)

President
(Printed Name of the County Farm Mutual)

(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 _____, 20__.

(Official Seal) _____
 Notary Public

My Commission Expires: _____