

Medical Loss Ratio Annual Attestation Statement

Contractor Name:

TO THE

Arizona Health Care Cost Containment System

FOR THE CONTRACT YEAR ENDED

I hereby attest that the Medical Loss Ratio (MLR) report provided, consistent with 42 C.F.R. §§ 438.8, herein is accurate, complete, and truthful. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the report may be prosecuted under the applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Contractor's agreement or contract with the Arizona Health Care Cost Containment System. Failure to sign this Certification Statement, either by written or electronic signature, will result in AHCCCS' non-acceptance of the attached MLR report.

(Date Signed)

Chief Executive Officer Signature

Name, CEO

(Date Signed)

Chief Financial Officer Signature

Name, CFO