



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

In conjunction with the Bulletin (as defined below), this Artificial Intelligence Certification must be completed by *domestic insurers only*.

ARTIFICIAL INTELLIGENCE CERTIFICATION

I hereby certify that _____ (“Insurer(s)”) is duly organized under the laws of the State of Connecticut and licensed by the Connecticut Insurance Department (“Department”). In addition, on behalf of Insurer, I hereby certify that:

1. Insurer is in receipt of and has reviewed the Department’s Bulletin No. MC-25 regarding Use of Artificial Intelligence Systems by Insurers dated and issued on February 26, 2024 (“Bulletin”).
2. Insurer is not currently using any AI Systems (as defined in the Bulletin) subject to the guidance set forth in the Bulletin (check box if applicable) , ***or*** Insurer’s use of AI is substantially consistent with the guidance set forth in the Bulletin in that Insurer (check one):
 - has in place an established AIS Program (as defined in the Bulletin).
 - is currently establishing an AIS Program.
 - is able to demonstrate compliance with the Bulletin through alternative means (please attach a complete explanation).
3. Upon the Department’s request, Insurer will make available all information and documentation requested consistent with Section 4 of the Bulletin.

I hereby acknowledge that for examination purposes, Insurer shall maintain all records supporting this certificate for a commercially reasonable period of time.

AFFIRMATION

I hereby affirm that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this certification.

Printed Name

Best Email Address for Future Communications

Authorized Representative (Officer) - Signature

Date

Any questions and the signed form may be emailed to cid.mc@ct.gov