

State Certification

I hereby certify to the Centers for Medicare & Medicaid Services (CMS) that the above organization (doing business as (d/b/a) Humanus Health) is:

Benefit Plan of Louisiana, Inc

(Check one)

licensed in the State of Louisiana as a risk bearing entity, or

authorized to operate as a risk bearing entity in the State of _____

And

(Check one)

is in compliance with State solvency requirements, or

State solvency requirement not applicable [please explain below].

By signing the certification, the State of Louisiana is certifying that the organization is licensed and/or that the organization is authorized to bear the risk associated with the MA product circled in item 3 above. The State is not being asked to verify plan eligibility for the Medicare managed care products(s) or CMS contract type(s) requested by the organization, but merely to certify to the requested information based on the representation by the organization named above.

Louisiana Department of Insurance
Agency

2/11/2019
Date

Jerry Stubbs
Signature

Insurance Specialist III
Title