

Attestation

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ON THIS DATE, I ATTEST THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS EXCHANGE BLUEPRINT AND DOCUMENTS SUBMITTED IN CONJUNCTION WITH THIS EXCHANGE BLUEPRINT ACCURATELY REPRESENT THE STATUS OF MY STATE'S INSURANCE EXCHANGE BEING DEVELOPED UNDER TITLE I OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (Pub. L. 111-148), AS AMENDED BY THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (Pub. L. 111-152), AND REFERRED TO COLLECTIVELY AS THE AFFORDABLE CARE ACT; AND REGULATIONS AT 45 CFR PARTS 153, 155 AND 156.

State: NEW MEXICO

(Name of State)

(Signature of Governor or Designee of the State, Date Signed)