

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
DISCLOSURE FORM
PROPERTY AND CASUALTY INSURERS ONLY
FOR**

**of Premiums Due from "Controlled" or "Controlling Persons"
As of December 31, _____**

Agent's Balance of Uncollected
Premiums Per Statement \$

Amounts Due from "Controlled"
or "Controlling Persons" \$

Amount of Applicable:

Trust Fund \$

Letter of Credit \$

Financial Guaranty Bond \$

Person Preparing Form Date

President Date

If a copy of the applicable trust fund, letter of credit, or financial guaranty bond has not been previously filed with the Office of Insurance Regulation, please attach the applicable documents to this form.