FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
CERTIFICATION
PROPERTY AND CASUALTY INSURERS ONLY

I, _____, the President

of _____,

do hereby certify that, as of _____ , 20_____,

such insurer does not have premiums due from a “controlled” or “controlling person” as defined in Florida Statutes 625.012(5) (b).

_____
President Date

Sworn to and subscribed before me this day of _____ , 20____

(Notary Seal)

Notary Public: _____

My Commission Expires:_____

OIR-C1-889
REV 4/97