

Office of Insurance Regulation
Specialty Product Administration

SWORN STATEMENT IN LIEU OF ANNUAL STATEMENTS
FOR ISSUERS OF DONOR ANNUITY AGREEMENTS

Donor Annuity Issuer's Name: _____

Street: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone: _____ Ext: _____ Fax: _____

Please indicate whether or not you wish to have clarifications and communications regarding this statement sent to you by internet and if so, what email address they should be sent to:

Check if Yes Email Address: _____

Donor Annuity Issuer's Contact Person: _____

Donor Annuity Issuer's FEIN: _____

STATE OF: _____

COUNTY OF: _____

_____, _____ (both printed please), of the above named issuer, being duly sworn, each deposes and says that they are the above described officers of the said issuer, and that on _____, which is the fiscal year-end, the issuer has met all of the requirements of Section 627.481, FS., and Chapter 690-202, Florida Administrative Code.

(Typed Name)

(Signature)

(Title)

(Typed Name)

(Signature)

(Title)

Subscribed and sworn to before me

This _____ day of _____, 20 ____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

- Personally Known or
 Produced Identification

(Type of Identification Produced)

Subscribed and sworn to before me

This _____ day of _____, 20 ____

Notary Public: _____

Commission Number: _____

Expiration Date: _____

- Personally Known or
 Produced Identification

(Type of Identification Produced)