

\_\_\_\_\_  
*Company Name*

**Certification of Information**

**Florida QUASR Filing**  
**Scope Period** \_\_\_\_\_.  
*Quarter and Year*

I, \_\_\_\_\_, do hereby certify that I am currently the \_\_\_\_\_  
*Name of Company Officer* *title*

of \_\_\_\_\_ and as such do hereby certify that the report  
*Company Name*  
submitted on \_\_\_\_\_ is true and accurate regarding the Company's Compliance  
*date*  
with Florida Statute 624.424 (10) for Scope Period \_\_\_\_\_.  
*Quarter and Year*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*date*