

**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 69O-202, Florida Administrative Code.

\_\_\_\_\_  
 (Typed Name)

\_\_\_\_\_  
 (Typed Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Title)

Subscribed and sworn to before me

Subscribed and sworn to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission  
 Number: \_\_\_\_\_

Commission  
 Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- Personally Known or
- Produced Identification

- Personally Known or
- Produced Identification

\_\_\_\_\_  
 (Type of Identification Produced)

\_\_\_\_\_  
 (Type of Identification Produced)

<b>For Office Use Only</b>		
Name Change <input type="checkbox"/>	FEIN Change <input type="checkbox"/>	Filing Period Change <input type="checkbox"/>

Print this page

## SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate.

**You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.**

The session key will expire on:

Eastern Time

Save

Submit Final