

**FLORIDA TITLE INSURANCE AGENCY OR UNDERWRITER DIRECT RETAIL OFFICE
DATA CALL
FOR THE CALENDAR YEAR ENDED DECEMBER 31, _____**

Certification

I hereby certify that:

- a. The information contained in attached OIR form OIR-EO-2087 data submittal has been completed in accord with the instructions for such form;
- b. That the information contained in such data submittal and in any exhibits, schedules and explanations thereto, is to the best of my knowledge and belief, for the year being submitted, true and correct or a reasonable good-faith estimate or allocation made in accordance with the instructions to the data submittal form;
- c. That I am an officer or director of the filing entity empowered to execute this report and that my name and title appears below.

I am aware that false information submitted in this data submittal may be prosecuted criminally and subject the filing entity to sanction.

Type Name of Individual Electronically Signing Here:

Title:

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. [831.06](#), F.S.