



**OFFICE OF INSURANCE REGULATION**  
***Bureau of Property & Casualty Forms and Rates***

**PRIVATE PASSENGER AUTOMOBILE EXCESSIVE PROFITS**

**CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Officer) (Title)

of \_\_\_\_\_ do hereby certify  
(Company/Group Name)

that the information on the Private Passenger Automobile Excessive Profits Reporting Form DI4-307 is a full and true statement of the experience of the said insurer and that the form has been completed in accordance with instructions provided. I also acknowledge that I understand that this data is being provided in accordance with Section 627.066, Florida Statutes and will be used to calculate excessive profits in accordance with this statute.

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

Note: This certification must be signed by a company officer having appropriate authority.