



DISCLAIMER OF CONTROL AFFIDAVIT

I, _____, the undersigned, representing _____, certify that other than the following individuals:

- 1.
- 2.
- 3.
- 4.

no person in this company does or will exercise any control, directly or indirectly, over the activities of the applicant (_____) or any entity owned or controlled by the applicant and licensed by the Office of Insurance Regulation.

Further, no other person will attempt to exercise any control, either directly or indirectly, over the activities of the applicant or any licensee without the advance written consent of the Office of Insurance Regulation.

I understand that pursuant to s. 837.06, Florida Statutes, knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his official duty is a crime punishable as provided in s. 775.082 or s. 775.083, Florida Statutes. With this understanding, I knowingly make the above representation to the Office of Insurance Regulation.

(Signature)

County of _____
State of _____

BEFORE ME this day appeared _____ who, being duly sworn, deposes and says that he executed the above affidavit and that the statements and information contained therein are true and correct.

Sworn to as subscribed before me this ____ day of _____, 20__.

(Notary Public)

My Commission expires: _____