

DISCLAIMER OF CONTROL AFFIDAVIT – INVESTMENT COMPANIES

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ represent that \_\_\_\_\_ does not have and will not 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. I affirm that the shares of the Applicant are being held solely for investment purposes and not for the purpose of seeking to direct the business activities of the Applicant or any entity owned or controlled by the Applicant and licensed by the Office of Insurance Regulation. \_\_\_\_\_ does not have, and will not seek, representation on the Board of Directors of the Applicant. Further, \_\_\_\_\_ will not attempt to exercise any control, either directly or indirectly, over the activities of the applicant or any subsidiary licensee without the advance written consent of the Florida Office of Insurance Regulation.

I am authorized to make these representations on behalf of \_\_\_\_\_. 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 Florida 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)

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_  
Type of Identification Produced \_\_\_\_\_

My Commission expires: \_\_\_\_\_