



**Florida Office of Insurance Regulation**

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**Letter of Notification**

This letter serves as notification of the acquisition, merger, or consolidation of the below named entity, pursuant to the requirements of the Florida Insurance Code.

**Work Log Number:**

**Date of Notification:**

**Contact Person**

Name:

Email:

Address:

**Acquiring Entity or Person**

Name:

Email:

Address:

Telephone:

**Expected Date of Transaction:**

**Company/Licensee Being Acquired**

Name:

Address:

NAIC Code:

FEIN:

Florida Company Code:

Contact Name:

Telephone:

Contact Email:

**Request for Waiver:**

**Request for Disclaimer in lieu of filing:**

FLORIDA OFFICE OF INSURANCE REGULATION  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0332 · Email: [iapply@flor.com](mailto:iapply@flor.com)

OIR-C1-2069  
New: 07/23  
Rule: 69O-136.100