

(Company Name)

Certification of Information

Florida Long-Term Care Suitability

Scope Period: January 1, 20_____ through December 31, 20_____
(Beginning Date through Ending Date)

I, *(Name of Company Officer – Must be NAIC recognized)*, do hereby certify that I am currently the *(Title)* of *(Company Name)* and as such do hereby certify that the responses on the attached report are true and accurate regarding the Company's Compliance with the Florida Long-Term Care Suitability data call for the calendar year _____ through _____.
(Beginning Date through Ending Date)

Signature of Company Officer

Date

Title – Must be an NAIC- recognized officer

Subscribed and sworn to before me on this _____ day of

_____, 20 _____

(Notary Signature), Notary Public
(Please include your printed name, ink stamp or highlighted seal)