

Office of Insurance Regulation
Specialty Product Administration

SWORN STATEMENT IN LIEU OF ANNUAL STATEMENTS
FOR ISSUERS OF DONOR ANNUITY AGREEMENTS

Donor Annuity Issuer's Name: _____

Street: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone: _____ Ext: _____ Fax: _____

Please indicate whether or not you wish to have clarifications and communications regarding this statement sent to you by internet and if so, what email address they should be sent to:

Check if Yes Email Address: _____

Donor Annuity Issuer's Contact Person: _____

Donor Annuity Issuer's FEIN: _____

STATE OF: _____

COUNTY OF: _____

_____, _____ (both printed please), of the above named issuer, being duly sworn, each deposes and says that they are the above described officers of the said issuer, and that on _____, which is the fiscal year-end, the issuer has met all of the requirements of Section 627.481, FS., and Chapter 69O-202, Florida Administrative Code.

(Typed Name)

(Signature)

(Title)

Subscribed and sworn to before me

This ____ day of _____, 20__

Notary Public: _____

Commission
Number: _____

Expiration Date: _____

- Personally Known or
 Produced Identification

(Type of Identification Produced)

(Typed Name)

(Signature)

(Title)

Subscribed and sworn to before me

This ____ day of _____, 20__

Notary Public: _____

Commission
Number: _____

Expiration Date: _____

- Personally Known or
 Produced Identification

(Type of Identification Produced)

For Office Use Only

Name Change FEIN Change Filing Period Change

SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate.

You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.

The session key will expire on:

Eastern Time