

PROVIDER'S ESCROW CERTIFICATION

(This form required to be executed and attached by the Provider to the escrow statement submitted to the Office of Insurance Regulation each calendar quarter.)

For the period beginning _____ and ending _____.

Pursuant to the provisions of Chapter 651, Florida Statutes (FS) and Chapter 69O-193, Florida Administrative Code, and that certain escrow agreement(s);

Numbered _____

Dated _____

Between _____ and _____,

the undersigned does hereby represent to the Office of Insurance Regulation that all funds in escrow account(s) numbered

are now and have been during the statement period provided above invested in accordance with the provisions of § 651.033, Part II of Chapter 625 FS, and Rule 69O-193.023 of the Florida Administrative Code. The undersigned further represents to the Office of Insurance Regulation that any investment company in which such escrow funds are now or have been invested met at the time of investment and continue to meet the requirements of § 651.033 and/or 651.035, FS.

I _____, of _____, an insurer licensed to transact business in the state of Florida, am familiar with the laws of Florida relating to continuing care contracts and do hereby certify under penalty of filing false or misleading documents pursuant to 624.3101, FS, or perjury pursuant to 837.06, FS, that the information reported above is a full and true reporting of the requested information. This report is submitted for compliance with Chapter 651, FS.

Signature

Date

Title