



Department of Financial Services
Office of Insurance Regulation – Specialty Product Administration

CERTIFICATION OF FILING OF ANNUAL TAX ON PREMIUM AND ASSESSMENTS

 (Date)

In Compliance with the Laws of Florida, the

 (Name of Licensee)

____ _ -- ____ _
 (Federal Identification Number of Licensee)

 (Address)

through its duly authorized officers, does hereby, as required by Section 634.313, Florida Statutes, submit to the Florida Department Financial Services the annual tax so designated on warranty premiums and assessments received during the preceding calendar year.

Total warranty premiums and assessments
 received during the calendar year of 20 ____ ____: \$ _____

Tax submitted (2% of the gross amount): \$ _____

Certification must be signed by:

- a. The owner or authorized representative, if a sole-proprietorship.
- b. The president and secretary, if a corporation.
- c. The managing or senior partner(s) or managing director(s), if a partnership or association. (If necessary, attach additional sheets.)

Mail this invoice and payment to: Department of Financial Services
 Revenue Processing Section
 P. O. Box 6100
 Tallahassee, Florida 32314-6100

FOR USE BY THE OFFICE OF INSURANCE REGULATION ONLY

Receipt Number	Amount	Type	Class	Fund	Acct	Source
	Tax	10	18	3	00	3