***(Company Name)***

**Certification of Information**

**Catastrophe Stress Test Data Call**

**Florida Office of Insurance Regulation (Office)**

**Reporting for the \_\_\_\_\_\_\_\_\_\_\_ Season in Conjunction with Annual Reinsurance Data Call**

 *(Enter Storm Year as 20xx-xx)*

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 examination being conducted by the Office for the collection of data regarding annual reinsurance purchases.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)