**(Company Name)**

**Certification of Information**

**Florida Freedom to Travel Act**

**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 Freedom to Travel Act for the calendar year

## January 1, 20 through December 31, 20\_\_\_\_\_.

(*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)