***(Company Name)***

**Certification of Information**

[L&H Gross Annual Premiums & Enrollment](https://iportal.fldfs.com/ifile/fass/create/process_reporting_selection.asp?txtFrom=GAP) Reporting

**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 L&H Gross Annual Premiums & Enrollment Reporting for the calendar year \_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_.

 (*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)