

(*Company Name*)

Certification of Information

Florida Long-Term Care Suitability

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 Long-Term Care Suitability data call 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)