



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT - INVESTMENT COMPANIES

I, _____, the undersigned Affiant, on behalf of _____ swear that _____ holds the shares of Applicant, _____, solely for investment purposes and does not and will not exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of Applicant, or any entity owned or controlled by the Applicant and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office. I further swear that _____ does not have, and will not seek, influence or representation on the Board of Directors of the Applicant.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

It is with this understanding, that I, the undersigned Affiant, do hereby swear and affirm, under oath and penalty of perjury, that all the above statements are true and correct.

(Signature)

(Print full name)

(Date)

State of _____

County of _____

Sworn to and subscribed before me this this ____ day of _____, 20__, by

(name of affiant)

(Signature of the Notary)

(Notary Stamp)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____