



Florida Office of Insurance Regulation

Letter of Notification

This letter serves as notification of the acquisition, merger, or consolidation of the below named entity, pursuant to the requirements of the Florida Insurance Code.

Work Log Number:

Date of Notification:

Contact Person

Name:

Email:

Address:

Acquiring Entity or Person

Name:

Email:

Address:

Telephone:

Expected Date of Transaction:

Company/Licensee Being Acquired

Name:

Address:

NAIC Code:

FEIN:

Florida Company Code:

Contact Name:

Telephone:

Contact Email:

Request for Waiver:

Request for Disclaimer in lieu of filing:

FLORIDA OFFICE OF INSURANCE REGULATION
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0332 · Email: iapply@flair.com

OIR-C1-2069
New: 07/23
Rule: 69O-136.100