



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL - ENTITY

I, _____, the undersigned, representing _____, certify that other than the individuals listed on the attached register, no person in this entity does or will exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of _____ ("company"), or any entity owned or controlled by the company and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office.

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.

By: _____

Witnessed By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT – ENTITY

REGISTER

Below is a complete list of individuals associated with _____ who do or will exercise or attempt to exercise influence or control, either directly or indirectly, over the business operations, affairs, or activities of the company, or any entity owned or controlled by the company and licensed by the Office. Date: _____

Name (Typed or Printed)

Position

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

*Additional pages in the same format may be attached as needed.

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