Florida Office of Insurance Regulation

DISCLAIMER OF CONTROL AFFIDAVIT - ENTITY

I, _____, the undersigned Affiant, representing _____, certify that other than the individuals listed on the attached register, no person in this company does or will exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of the 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 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 _____

Form OIR-C1-1468
Rev.: 08/19
Rule 69O-193.003, F.A.C

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 Applicant, or any entity owned or
controlled by the Applicant and licensed by the Office.

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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