



Florida Office of Insurance Regulation _____

**CERTIFICATE OF ASSUMING REINSURER TO SUBMIT TO EXAMINATION
AND BEAR THE COST OF EXAMINATION**

I, _____,
(name of officer) (title of officer)

hereby certify that _____
(name of assuming reinsurer)

submits to the authority of the Florida Office of Insurance Regulation to examine its books, records, and trust accounts and agrees to bear the expense of any such examination. _____
(name of assuming reinsurer)

grants the Florida Office of Insurance Regulation permission to examine and copy on the premises of the trust custodian all books, records, and assets of the reinsurer in possession of the trust custodian and grants the trust custodian permission to make the custodian's records available to the Florida Office of Insurance Regulation for examination during the custodian's regular business hours.

By: _____

Print Name: _____

Title: _____

Date: _____