DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

INSURER'S DISCLOSURE STATEMENT PURSUANT TO SECTION 627.4137, F.S.

STATE OF FLORIDA

COUNTY OF LEON

Before me, the undersigned authority, personally appeared _____ State Liability Claims of the Division of Risk Management, State of Florida, Department of Financial Services, who being duly sworn, deposes and says:

1. That the Department of _____ is covered under the State Risk Management Trust Fund, as established by Part II of Chapter 284, Florida Statutes, and as limited by Section 768.28, Florida Statutes.

2. That the above referenced Fund is administered by the Division of Risk Management of the State of Florida, Department of Financial Services.

3. That, at present, no policy or coverage defenses are reasonably believed available to the Division of Risk Management.

4. That no statutorily prescribed policy form exists for coverage under the State Risk Management Trust Fund.

Affiant: _____

Title: _____

Sworn to and subscribed before me on the _____, day of _____, _____ who is personally known to me or who has produced _____ and voluntarily executed this affidavit.

My term expires the _____ day of _____, _____.

_____
NOTARY PUBLIC

DFS-D0-1406
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Rule 69H-2.008, F.A.C.