



STATE OF FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Consumer Finance

MONTH-END RESERVE REPORT CERTIFICATION
OF ACCURACY FORM

Certification of Accuracy

As Chief Executive Officer and Chief Financial Officer of _____ {Name of Licensee}, _____ {License Number}, we hereby certify the accuracy of the month-end reserve report for the month ending _____ {MM/DD/YYYY}, in compliance with Section 560.504(1)(f), 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 commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Signature of Chief Executive Officer

Printed Name of Chief Executive Officer

Signature of Chief Financial Officer

Printed Name of Chief Financial Officer

Date