



Letter of Notification

This letter serves as notification of the acquisition, merger, or consolidation of the below named entity, pursuant to the requirements of the Florida Insurance Code.

Filing ID:

Date of Notification:

Contact Person

Name:

Email:

Address:

Acquiring Entity or Person

Name:

Email:

Address:

Telephone:

Expected Date of Transaction:

Company/Licensee Being Acquired

Name:

Address:

NAIC Code:

FEIN:

Florida Company Code:

Contact Name:

Telephone:

Contact Email:

Request for Waiver:

Request for Disclaimer in lieu of filing:

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