

**FLORIDA TITLE INSURANCE AGENCY OR UNDERWRITER DIRECT OFFICE DATA CALL  
FOR THE CALENDAR YEAR ENDED DECEMBER 31, \_\_\_\_\_**

**A F F I D A V I T**

**THE STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_ the \_\_\_\_\_ (position) of  
\_\_\_\_\_ (Agency)

attest that on the 31st day of December \_\_\_\_\_, all of the information contained on the attached Data Call for the named Agency or Underwriter Direct Office submitted herewith, together with any necessary related exhibits, schedules and explanations herein contained, annexed or referred to for the named Agency's or Underwriter Direct Office's records are a full and true statement of income, expenses and net worth in accordance with the instructions provided for the year ended on that date, according to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature as Officer/Manager/Owner of Agency  
or of Underwriter Direct Office

\_\_\_\_\_  
E-mail Address