

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

STATE OF FLORIDA

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COUNTY OF LEON				
Before me, the undersigned authority Liability Claims of the Division of Risk N who being duly sworn, deposes and say	y, personally appeared State Management, State of Florida, Department of Financial Services, vs:			
	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.			
	That the above referenced Fund is administered by the Division of Risk Management of the State of Florida, Department of Financial Services.			
That, at present, no policy or covor Risk Management.	. That, at present, no policy or coverage defenses are reasonably believed available to the Division of Risk Management.			
 That no statutorily prescribed po Trust Fund. 	olicy form exists for coverage under the State Risk Management			
A	Affiant:			
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	worn to and subscribed before me on the, day of, who is personally known to ne or who has produced and voluntarily executed this affidavit.			
N	ly term expires the day of,			
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