

STATE BOARD OF ADMINISTRATION OF FLORIDA (“BOARD”)
 INSURANCE CAPITAL BUILD-UP INCENTIVE PROGRAM
 QUARTERLY WRITTEN PREMIUM REPORT (“REPORT”)

Part I: Basic Information

Insurer Name: _____
 NAIC Company Code: _____
 For the Quarter Ended: _____

Part II: Determination of Writing Ratio

For residential property insurance in Florida, including the peril of wind:

	<u>Current Quarter</u>	<u>Calendar Year-To-Date</u>
Direct Premiums Written in Florida	_____	_____
+ Assumed Premiums Written in Florida	_____	_____
- Ceded Premiums Written in Florida	_____	_____
Net Premiums Written	_____	_____
Direct Premiums Written in Florida	_____	_____
+ Assumed Premiums Written in Florida	_____	_____
Gross Premiums Written	_____	_____
Initial New Capital Contribution	_____	_____
+ Surplus Note Outstanding Principal Balance	_____	_____
Surplus	_____	_____

Part III: Determination of Minimum Required Surplus

Total Admitted Assets _____

Total Liabilities _____

Capital and surplus _____

NOTE: *If the Insurer's Capital and surplus is below the Minimum Required Surplus the Insurer must **attach** a detailed explanation showing how the surplus was calculated and why it is below the required amount.*

Part IV: Other Financial Data

Net Underwriting Income (loss) _____

Net Income (loss) _____

Shareholder Dividends _____

Part V: Applicable to Insurers writing only manufactured housing policies

Confirm that the Insurer continues to meet the qualifications of "an insurer writing only manufactured housing policies" as defined in Section 215.5595(2)(i), F.S. (**check one**)

_____ YES

_____ NO

Part VI: Definitions (for purposes of this Report)

"Assumed Premiums Written" means residential property business written by another insurer within the state of Florida and reinsured by the company.

"Ceded Premiums Written" means Premiums received by the company from their Florida homeowners' customer base and ceded to reinsurance to be paid to a reinsurer for the reinsurance of residential property business written within the state of Florida.

"Direct Premiums Written" means Premiums received by the company for residential property business written within the state of Florida.

"Gross Premiums Written" means direct Premium plus assumed Premium.

"Minimum Required Surplus" means that the Insurer's Surplus equals at least \$50 million or for Insurers writing only manufactured housing policies, at least \$14 million.

“Net Premiums Written” means direct Premium plus assumed Premium less ceded Premium.

“Premium” means premiums relating to residential property insurance in Florida including the peril of wind.

“Surplus” for purposes of determining the Writing Ratio means the Insurer’s initial New Capital contribution for the Surplus Note and the outstanding principal balance of the Surplus Note. For all other purposes, Surplus means the Insurer’s admitted assets less the Insurer’s liabilities and refers to the entire surplus of the Insurer.

“Surplus Note” means the Surplus Note issued by the Board and any subsequent Addenda.

Part VII: Due Date and Filing Addresses

This Report is due no later than 45 days after the end of the respective quarter, i.e., May 15, August 15 and November 15. The December quarterly report is due 60 days after the end of the quarter, i.e., March 1.

The Report shall be filed with the Board and with the Office of Insurance Regulation at the addresses below:

State Board of Administration of Florida
c/o Florida Hurricane Catastrophe Fund
P.O. Box 13300, Tallahassee, FL 32317-3300
1801 Hermitage Blvd., Ste. 100
Tallahassee, FL 32308

Office of Insurance Regulation*
Director, P&C Financial Oversight
200 East Gaines Street, Ste. 216C
Tallahassee, FL 32399-0329

* The Office of Insurance Regulation allows electronic filing with that Office.

Part VIII: Attestation

To the best of our knowledge, information and belief, and under the penalties of perjury, we the undersigned executive officers of the Insurer submit this Report to the Board and to the Office of Insurance Regulation.

BY: _____

BY: _____

TYPED NAME: _____

TYPED NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

PHONE NUMBER: _____

PHONE NUMBER: _____