Contract Year 20252024 Interim Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name:			Co. NAIC No.:				
Group NAIC No. (if applicable):			Losses as of (most current data available):				
HURRICANE:							
		ULTIMATE NET LO	SSES ON COVERED	POLICIES			
	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total	
Paid Loss*							
Outstanding Loss*							
IBNR (unknown losses)*							
TOTAL*							
If the FHCF determines that ar the applicable due date (not le Claims Listing (refer to the Co best business practices for the binding.	ess than fourteen days frontract Year <mark>2025</mark> 2024 Fo	equired due to the occurrom the notice date). The orm FHCF-DCL) must be	FHCF will notify Compa provided to the FHCF. R	, all Companies in the finies if subsequent Inte Reported Losses are ex	erim Loss Reports are requir epected to result from a good	ed or if a Detailed faith effort, using	
			ECRET INFORMATION				
Florida law generally defines a takes measures to protect its s Listings if applicable), check the	secrecy. If you are claimi	ng trade secret protectio	n for the loss data in this	Interim Loss Report (a	and related Detailed Claims		
			SION INSTRUCTIONS				
The Interim Loss Report https://fhcfclaims.paragon.aon. officers) is required for the Onl	.com/https://fhcf.sbafla.co	m, , and an officer must s	sign off on each Interim Lo	l electronically throughs Report online prior	gh the FHCF Online Clar to submission. Advance reg	aims System at istration (including	
Signature:		Officer Title:			Date:		
Name of Officer:							