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NOTICE TO ALL FLORIDA LICENSED PROPERTY AND CASUALTY INSURERS

Limited Apportionment Company Status

In cooperation with the Florida Office of Insurance Regulation (OIR), we are providing this notice to all insurers as a reminder to those that qualify and desire to make application for Limited Apportionment Company Status, that such application must be received by OIR no later than March 31, 2016.

A Limited Apportionment Company is defined in §627.351(6)(c), Florida Statutes as an insurer with a policyholder surplus of \$25 million or less, writing 25% or more of its total countrywide property insurance premiums in the State of Florida and who petitions OIR to qualify as a Limited Apportionment Company within the first 90 days of each calendar year, (no later than March 31), and whose petition to qualify has been approved by OIR.

The following provisions apply for a qualified Limited Apportionment Company:

The apportionment of [a Limited Apportionment Company] in any calendar year for which it is qualified shall not exceed its Gross Participation (See, §627.351(2), Florida Statutes).

A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the Coastal account in 2007 or thereafter may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds pursuant to s. 627.3512, but the regular assessment must be paid in full within 12 months after being levied by the corporation. (See, §627.351(6)(c), Florida Statutes).

The petition form for Limited Apportionment Company Status is attached. Copies of this notice and the petition form can be found at [www.citizensfla.com](http://www.citizensfla.com). Questions may be emailed to Linda McWilliams at [linda.mcwilliams@flair.com](mailto:linda.mcwilliams@flair.com)

Please provide all of the information required on the petition and forward the petition form by certified mail-return receipt requested to:

Linda McWilliams  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0300  
Telephone: (850) 413-5904

Email address: [linda.mcwilliams@flor.com](mailto:linda.mcwilliams@flor.com)

The petition form must be RECEIVED by OIR by no later than March 31, 2016. Petition forms received by OIR after that date will not be considered.

Attachment

PETITION TO THE OFFICE OF INSURANCE REGULATION  
FOR APPROVAL OF LIMITED APPORTIONMENT COMPANY

APPEAL TO BECOME A LIMITED APPORTIONMENT COMPANY PROVIDED BY  
SECTION 627.351(6) (c) 13, FLORIDA STATUTES. (This form must be typed  
or printed.)

NAME OF COMPANY \_\_\_\_\_ FL CO. CODE \_\_\_\_\_ NAIC CODE \_\_\_\_\_  
HOME OFFICE \_\_\_\_\_  
NAME OF PREPARER \_\_\_\_\_ PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

By and through its undersigned officers,

\_\_\_\_\_ (Name of Insurer) hereby certifies that  
its surplus as to policyholders as of December 31, 2015, is \$25,000,000 or less. The company  
further certifies that twenty-five percent or more of its total countrywide property insurance  
premiums for 2015 were written in the State of Florida.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_  
and \_\_\_\_\_ who, being by me first duly sworn, declare that the foregoing  
statements are true and correct and that the company for which they are submitting this  
appeal is eligible for limited apportionment company status.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
President or CFO

\_\_\_\_\_  
Secretary

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Surplus as to Policyholders (as reported on Page 3, \$ \_\_\_\_\_  
Line 37 of the 2015 Florida Annual Statement)  
  
Total Property Insurance Premiums in Florida (the total \$ \_\_\_\_\_  
Of Lines 1, 2.1, 3, 4, 5.1, 5.2, 12 as reported on Page 19.FL  
[Statutory page 14] of the 2015 Florida Annual Statement)  
  
Total Property Insurance Premiums Countrywide \$ \_\_\_\_\_  
(The total of lines 1, 2.1, 3, 4, 5.1, 5.2, 12, as reported on Page 19.GT,  
of the 2015 Florida Annual Statement).

Exceptions to these figures should be noted under separate cover for consideration (i.e., Mobile  
Home Physical Damage reported under Line 21.1).

**PLEASE ATTACH COPIES OF THE REFERENCED PAGES OF THE ANNUAL STATEMENT.**