



Office of Insurance Regulation
Bureau of Property & Casualty Forms and Rates

OFFICE OF INSURANCE REGULATION

VOLUNTARY PRIVATE PASSENGER NON-FLEET AUTOMOBILE INSURANCE
 IN-FORCE POLICY COUNT REPORTING

FLORIDA CERTIFICATE OF AUTHORITY NUMBER - COMPANY CODE

END OF QUARTER

FORM CONTROL CODE

INPUT ACTION CODE

COMPANY NAME _____

ADDRESS _____ ZIP _____

<u>POLICY TYPE</u>	<u>POLICIES IN FORCE</u>	<u>NO. CANC.</u>	<u>NO. NON-REN.J46</u>
1. LIABILITY (INCLUDING PIP)	_____	_____	_____
2. PIP ONLY	_____	_____	_____
3. LIABILITY & PHYSICAL DAMAGE	_____	_____	_____
4. COMPREHENSIVE AND/OR COLLISION ONLY	_____	_____	_____

INSTRUCTIONS:

- THE FIRST REPORT IS DUE BY MAY 15, 1979 WITH DATE AS OF THE END OF THE QUARTER 3/31/79 I.E., CODED
 - POLICIES IN FORCE AS OF THE LAST DAY OF THE QUARTER.
 - NUMBER OF COMPANY CANCELLATIONS+A25 EFFECTIVE DURING THE QUARTER.
 - NUMBER OF COMPANY NON-RENEWALS EFFECTIVE DURING THE QUARTER.
- SECOND AND SUBSEQUENT REPORTS ARE DUE 45 DAYS AFTER THE END OF THE QUARTER.
- REPORTS ARE TO BE BY COMPANY.

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