



**REQUEST FOR WITHDRAWAL FROM THE RENEWAL AND REPLACEMENT RESERVE**

D. Repayment of Renewal and Replacement Reserve Withdrawals (Repayment must commence within 30 days of the withdrawal pursuant to s.651.035(8)(b), Florida Statutes.)

Calculate the amount of your repayments (4) \_\_\_\_\_  
{Line 3 / 36 months \*}

Date for your beginning payment \* \_\_\_\_\_, \_\_\_\_\_

Date for your ending payment \* \_\_\_\_\_, \_\_\_\_\_

\* The number of months used to compute line (4) may be less than 36 if you choose a shorter payback time. It is the number of equal monthly payments between starting and ending dates.

3. Calculate the Maximum Allowable Withdrawal Amount - Previous Withdrawals Made With Repayment Balances Outstanding (Complete if prior withdrawals were not entirely repaid as of the last fiscal year-end.)

A. Minimum Liquid Reserve Calculation Requirement

Insert RRR balance requirement from line 102 of the most recently confirmed Minimum Liquid Reserve calculation form. If Schedule VII is not applicable, insert line 56 or 62. (1) \_\_\_\_\_

B. Prior Renewal and Replacement Reserve Withdrawals

(If necessary, make copies and attach an additional Section 3. B., for every additional withdrawal that had an outstanding balance as of the last fiscal year-end.)

Date of first repayment \_\_\_\_\_

Date of final scheduled repayment \_\_\_\_\_

Withdrawal Amount (2) \_\_\_\_\_

Sum of repayments made as of most recent fiscal year-end. (3) \_\_\_\_\_

Balance outstanding as of most recent fiscal year-end (4) \_\_\_\_\_  
{Line 2 - Line 3}

RRR Withdrawal's Balance Outstanding. Sum of all the outstanding balances. Complete (5) on top copy only. (5) \_\_\_\_\_  
{Sum of All Line 4's Completed}

C. Total Available Balance (From prior page) (6) \_\_\_\_\_  
(Cannot exceed the market value of the RRR balance from {Line 1- Line 5} prior fiscal year-end. If it does, insert market value and note.)

D. Maximum Withdrawal Allowable (7) \_\_\_\_\_  
{Line 6 x .33}

E. Amount of Withdrawal Request (8) \_\_\_\_\_  
(Cannot exceed the amount calculated on Line 7)

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F. Repayment of Renewal and Replacement Reserve Withdrawals (Repayment must commence within 30 days of the withdrawal pursuant to s.651.035(8)(b), Florida Statutes.)

Calculate the amount of your repayments (9) \_\_\_\_\_  
{Line 8 / 36 months \*}  
Date for your beginning payment \* (10) \_\_\_\_\_, \_\_\_\_\_  
Date for your ending payment \* (11) \_\_\_\_\_, \_\_\_\_\_

\* The number of months used to compute line (9) may be less than 36 if you choose a shorter payback time. It is the number of equal monthly payments between starting and ending dates.

**III. ATTESTATION AND AFFIDAVIT**

Two officers or general partners must complete the attestation and affidavit section below.

I \_\_\_\_\_, and I \_\_\_\_\_,  
representing \_\_\_\_\_, a continuing care provider  
licensed to transact business in the state of Florida, after being duly sworn, do depose and certify  
under penalty of perjury that the intended use for this Renewal and Replacement Reserve  
withdrawal request has been duly authorized and approved by the Board of Directors of the  
Provider or similar authorized controlling body for entities other than a corporation.

Signed Before Me \_\_\_\_\_  
\_\_\_\_\_ (Signature)  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_ (Typed Name and Title)

- NOTARY PUBLIC \_\_\_\_\_  
\_\_\_\_\_ (Signature)  
Personally known \_\_\_\_\_,  
or produced identification \_\_\_\_\_  
\_\_\_\_\_ (Typed Name and Title)

Type of identification produced \_\_\_\_\_  
\_\_\_\_\_ (Seal)

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**IV. BOARD RESOLUTION FORM**

(For resolution pursuant to Section 651.035(8)(a)2., Florida Statutes.)

IT IS HEREBY RESOLVED that the board of directors approves a request for withdrawal from the Renewal and Replacement Reserve as submitted to the Office of Insurance Regulation on the Request for Withdrawal From The Renewal and Replacement Reserve Form OIR-A3-1284, dated \_\_\_\_\_, \_\_\_\_\_.

The signatories to this resolution form and the Renewal and Replacement Reserve withdrawal request form are authorized to legally bind the company and this resolution is recorded in the Board minutes as an official act of this body dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRESIDENT/CEO Signature

\_\_\_\_\_  
Pres/CEO Name Typed or Printed

(Corporate Seal)

\_\_\_\_\_  
SECRETARY Signature

\_\_\_\_\_  
Sec. Name Typed or Printed